

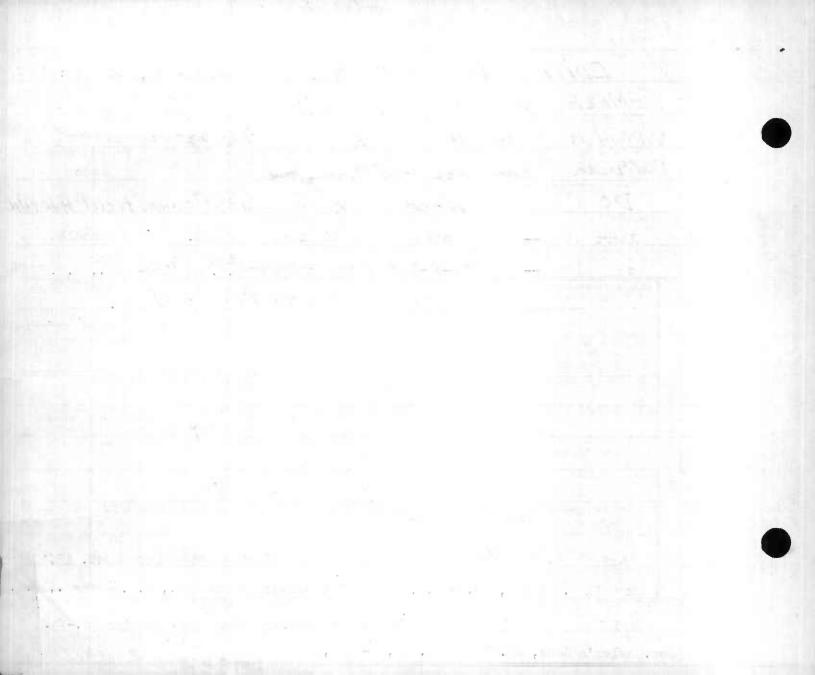
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

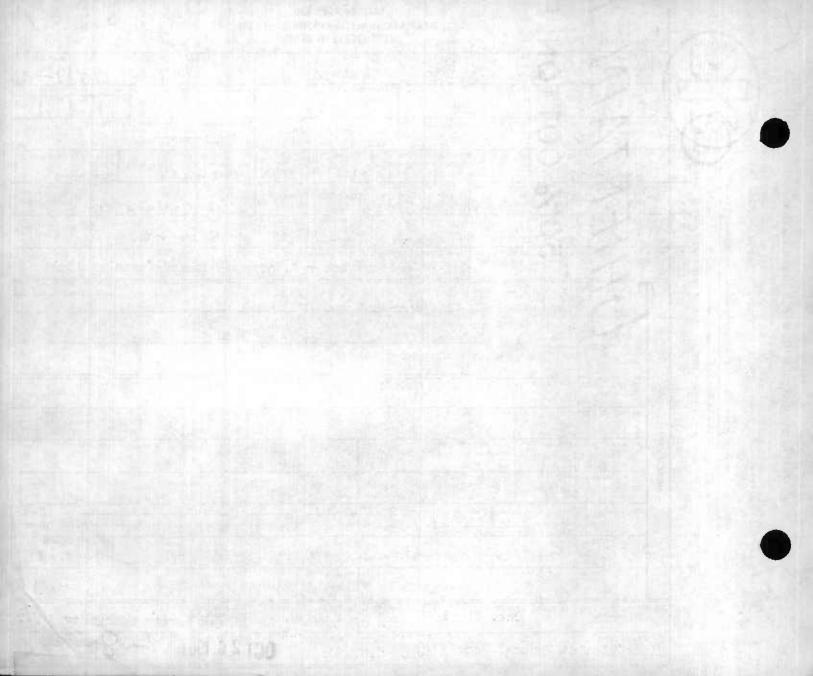
CERTIFICATE OF DEATH

FOR

- STATE



		FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	26887
poge 3 r deoth		CEASED NAME FIRST OR PRINT)	uda Lucicia Chango 20. DATE OF DEATH MONTH	21,198/ 920 P.M
rs after o		Female		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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ompletely ond 2 s		THER'S NAME VINCEN	te Franco Lilia Borre	250 LAST
s. Poges e medico		/AS DECEASED EVER IN U.S., ES NO OR UNKNOWN) (IF YES)	ARMED FORCES? GIVE WAR OR DATES! 212-64-8610 Hector J. Arango-Husband-(same as 13e)
n signed by the ottending p Then please remove carbons r to burial, cremation, or rem injury, or ather traumatic eve	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) POST NECED TIC CIPHOSIS DUE TO, OR AS A CONSEQUENCE OF (c) IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	N GIVEN IN PART 1101
hos been the prior iene prior iows only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 YES NO	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
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os the but hand M orked or	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21I LOCATION STREET CITY OR TOWN	COUNTY STATE
NERAL DIRECTOR: A be detoched for use of e Stote Dept. of Heoli TANT: If Hem 21 is mo			on 10 72 / 8 19 ond that in (my) (our) opinion death occurred on the date and not) view the body after death. DEGREE A. DATIENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	22c. DATE SIGNED
should be with the S		Wesley	B. Mason 1220. ADDRESS Summit Ave, K	ensington no
F 4 > 5	- (urial, cremation, remov spec Burial	Oct. 24, 1981 Gate of Heaven Silver Spring	Montgomery Md.
16 50M 1/B1 A 15, 4)		neš/Rinaldi F	ineral Home 11800 New Hampshitte paterect av registrar 25th Ave. S.S. Md.	GISTRA B IEIL MALL



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251		John	E.	Hart	Rozell	a.	Sha
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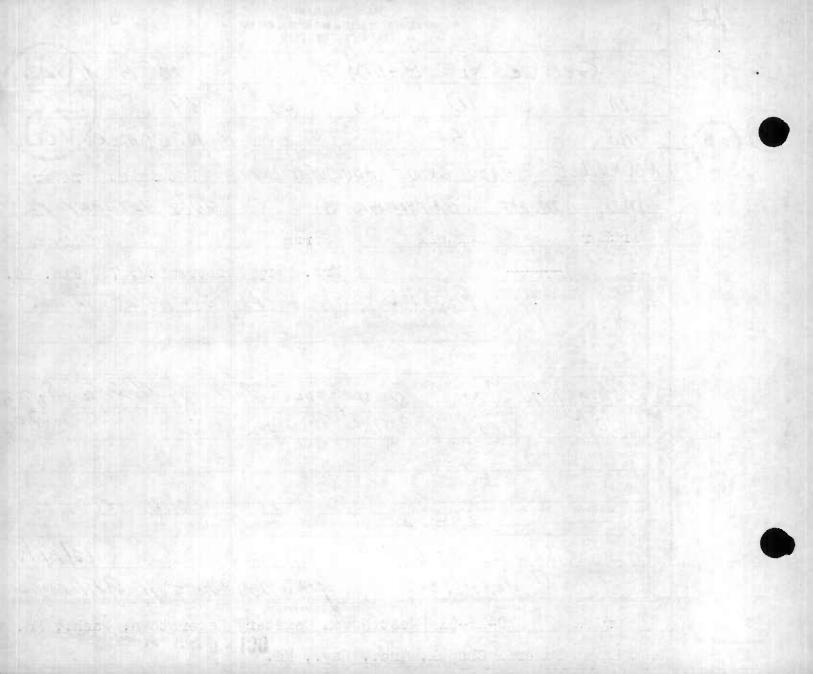
2 90	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 2 5 5 9 1 THE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.)
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DIVISIO THIS CERTIF WRITING " WAGE 3 SHO THE DEPARE	UNDERLYING OR OR OR OTHER	STATE
MEDICAL EXAMI CUTE THE CERTIFE SE 4 SHOULD BE FUNERAL DIRECT HER DEATH, WITH TIMORE, MARYL	270. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner , October ACTUAL SIGNATURE , Deputy , MEDICAL EXAMINER SIGNED 9, 19 EXAMINER'S NAME John G. Ball, M.D. ADDRESS Bethesda, Maryland 20814	81
4600 5240748	236. BURIAL, CREMATION, REMOVAL 236. DAMECTOBER 236. NAME OF CEMETERY OR CREMATORY Burial 12, 1981 Potomac Meth. Church Potomac, Maryland 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral 256. DATE REC'D. BY REGISTRAR'S SIGNATURE	
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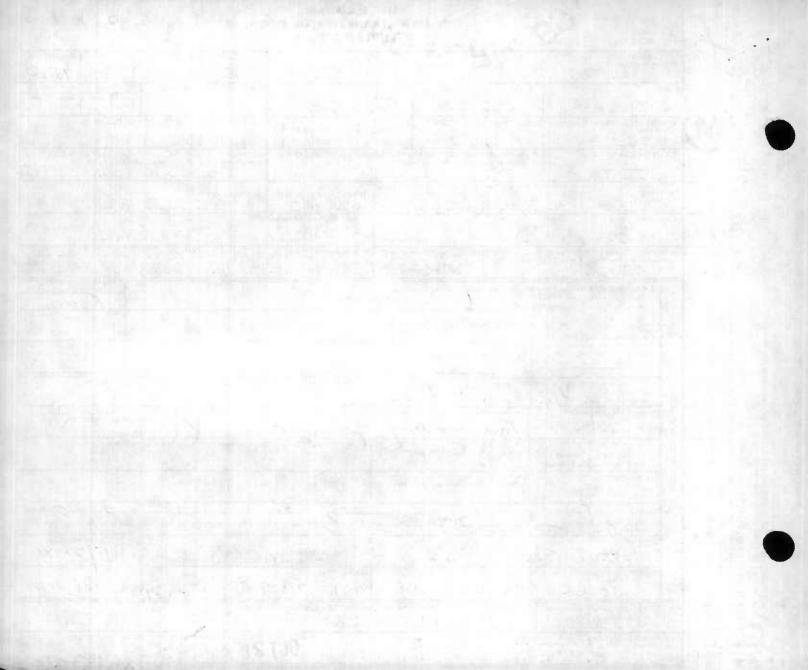
STATE OF MARYLAND

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MAR	ond ond	0	Arthur	Baldof	f Sarah	WIDDLE	Sullivan
ORE	Pages 1	160		RMED FORCES? 16b SOCIA	L SECURITY NO. 17. INFORMANT	ADDRESS	
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1 W. PRESTON ST., B	by the attending physose remove carbon part, cremotion, or remove other troumatic event.		PART I. DEATH WAS CAUSE MMEDIA Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost	DUE TO, OR AS A CON DUE TO, OR AS A CON	MIR (FU/11100) SEQUENCE OF	naly Euro	APPROXIMATE INTERVAL RO BETWEEN ONSET AND DEATH RO My MUSIC
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ā Ž	R: After or		220.1 certify that (I) (this hosp	ital) attended the deceased	from 10/5 19	87 to 10/14	, 19, that (1) (we) last
ATTA	aspired for d for m 21			pt) view the bady after death.		ion deoth occurred on the date ond	haur and from the causes stated
A Service of the serv	y the high SAL DIRI detache note Dep		276. SIGNATURE	Annel	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAFF	22c. DATE SIGNED
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280	L	230	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY
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DH	MH - 16 50M 1/81 (VRA 15, 4)			ornol Class al	, Inc., Hag., Md	BEEF WILLIAM IN CO.	WATORE .
		IL 6	st naven fun	eral chapel	, Inc., Hag., Md	•	



·. 10	1	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH		G. NO.	26	3 7 3
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neral dire	70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY) VEW JERSEY	76 CITIZEN OF WHAT COUNTRY? U.S.A.		NEVER MARRIED	MONTGO	TY OR COUN		MD.
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UDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour sitending physician. After this certificate has been signed by the attending physician and completely filled in by so the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by that and Mental Hygiene prior to burial, cremation, or removal. The medicarexaminet must marked or Item 18 shows any injury, or other traumatic event, the medicarexaminet must in marked or Item 18 shows any injury, or other traumatic event, the medicarexaminet must be supported to the statement of the statement	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	CONDITIONS CONTRIBUTING TO MAKENAGE 196 CONDITION FOR WHICH A COMMENTAL 216. TIME OF INJURY	DEATH BUT		200 AUTOPSY?	20b. IF I	GIVEN IN PART 1(YES, WERE FINDII TIFYING CAUSES YES 8, PART 1 OR PART 2)	NGS USED
DING PHYSICIA Ittending physician After this certific s the burial-transit th and Mental Hy marked or Item 1	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTEY MEDICAL EXAMINER) 218. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	AY YEAR 19 FARM, ETC.)	211 LOCATION STREET	CITY C	DR TOWN	COUNTY	STATE
ATTEND Sppital or att		220.1 certify that his hospi sow the decerted alive an above the basic did (Ad no	tol) ottended the deceased from 7/15 19		d that in my (our) opinion o	, to death occurred on t	he date and h		
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTI MARY 10/31/81 RFAGAN 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR CAUCASIAN FEMALE YEAR 5708 199 82 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED u.s. Rhode Island Montgomery O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR HOLY CROSS HOSPITAL - SIL. SPG. SILVER SPRING MARYLAND 21201 Retired, Jewelry Maker 134 INSIDE CITY LIMITS? 137510280BURNLEY TERRACE MD. MONTGOMER 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Michael McDermott Mary Owens 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17. INFORMANT 11028 Burnley (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Catherine B. Willemin Terr. S. S. 0.37 - 0.7 - 2237No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lol, stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 RECORDS CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? DIVISION OF VITAL NO 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21ª PLACE OF IN IURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE 220.1 certify that # (this hospital) attended the deceased from. saw the deceased alive an_ above, (F(we) (did) (did at and that in (my (our) opinion death accurred on the date and hour and from the causes stated DEGREE THE DIATE SIGNA ATTENDING A PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME TYPE OF PRINT 22e ADDRESS MPORT W NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL Cranston, R. I. 4, 1981 St. Ann Cemetery Burial P.O. BOX 742850 RATEREC'D. BY REC DHMH - 16 50M 1/81 (VRA 15, 4) Pumphrey, Inc. Sil. Spr., Md.

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Division of VII At RECORDS, 201 W. PRESION SI., BALLIMORE, MARTILAND 21201
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and completely filled in by the funeral director, pages should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 hours ofter digital with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGIENE	8	i.	2	6	8	9	
CERTIFICATE OF DEATH		REG. NO.					

	1-	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYGI	IENE B REG. NO	line	0 0		
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3		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH		
9		laryland	US.	A	WIDOW		Montg	omery (Go.,		MD.
j		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND C	F BUSINE	SS OR
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2	13a. S	laryland Mont	gomery	Damascu:	N	YES NO	13e. STREET ADDRESS 25015 Oc	ak Dr.	3		
0	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAS	T	
		Elbridge	W.	Beall		Annie	Elizabetl	n He	ager		
		AS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE				
1		No	TO THE OR DATES	212-03-	3944	Nellie W. H	Beall, Ite	em 13			
1		18. CAUSE OF DEATH (Enter or	nly one couse per	line for (a), (b), and	(c).)				BETWEEN	MATE INTERV	VAL
1		PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (0)] Amyotrophic lateral sclevosis								di	- (
1		DUE TO, OR AS A CONSEQUENCE OF									
1		Conditions, if ony, which (b)									
		gove rise to immediate couse (a), stating the	DUE TO. O	R AS A CONSEQUE	NCE OF			-17			
1	3.19	underlying couse lost. (c)									
1	7	PART 2 OTHER SIGNIFICANT					NAL DISEASE OR CONE	ITION GIVEN	N IN PART 1(3.7	
1	CERTIFICATION	Industio			actures						
1	ICA	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDIN NG CAUSES	OF DEAT	H?
5	RTIE						YES NO	YES		NO 🗆	
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	T I OR PART 2)		
1	CAI	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.		19						
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION STREET	CITY OR TOV	VN	COUNTY	ST	ATE
1	9	22a. I certify that (I) (this hospi				19 78	10-10-C	, 19	81	that (I) (w	ue) lost
1		sow the deceased alive on above, (I) (we) (did) (did no	7.8 -	ofter death	, at	nd that in (my) (our) opinion d	eoth occurred on the do	te and hour a	nd from the	couses sto	ted
1		276 SIGNATURE	II view me body	otter degin.	7.	DEGREE			22c. DATE	SIGNED	
1		Lack Achimann MS . ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D									3/
1	9	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)			22e ADDRESS	DIRECTOR - THISIC	~~~	1/0	120	
		Jack Schul	macher,	M.D.		105 Russell	Ave., Gait	hersbu	rg, Mo	1.	300
	23a. Bi	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION		COUNTY		ATE
	_	Burial	Oct. 14	,1981	Sale	m Meth.	Cedar Gr	ve. M	ntgome		Md
	24 FU	NERAL DIRECTOR	ar much h	D A ennocces			REC'D. BY REGISTRAR	SE REGUSTRA	R'S SHONAT	Merce	-
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DHMH- 16 30M 2/80 (VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item 7a G 561 11/23/81

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IMPORTANT: If them 21 is morked or them 18 shows ony

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEKTIFIC	CATE OF DEATH	REG. NO)				
	PECEASED NAME FIRST	WIDDIE	ĨĀŠ	(T		MONTH DAY	YEAR	2b. HOUR		
(1)	PE OR PRINT! ETHEL	v.	BECK	ŒR	OCT.	2219	81	5.30P M		
3. S	Female	4. RACE White	July	17 1897	6. AGE (IN YEARS LAST BIRTI	YRS.	DER 1 YEAR	IF UNDER 24 HRS		
Maryland Maryland		USA 8 MARRIE WIDOWE		NEVER MARRIED .		9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery MD.				
10,	Rockville	11. NAME OF HOSPITAL, NI IF NOT IN SUCH FACILITY, GIVE COLLINGSWOO	STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Nurse	WORKING LIFE) 178		F BUSINESS OR		
130.	UAL RESIDENCE (IF NURSING HOME OF STATE COULT)		oton DC	3d. INSIDE CITY LIMITS?	4112 Cheasp					
	Joseph N	Middle IAS		5. MOTHER'S MAIDEN I	WIDDLE	F	LAST Hardi			
16a	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (1F YES, GI	VE WAR OR DATES)	SECURITY NO. 1	Alden W. H	Appre 451 oage-Atty-Bet	8 Chestr hesda, N	nut S	t.,		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100									
MEDICAL CERTIFICATION	19a DATE OF OPERATION	19 CONDITION FOR W	200 AUTOPSY?	20b. IF YES, WER	E FINDING	GS USED				
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTHEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTH NILE AT WORK	HOUR A.M. MONTH	DAY YEAR	211. LOCATION STREET	VES NO VINNE OF INJURY		R PART 2)	NO		
	220.1 certify that (1) (thus haspital) attended the deceased from									
	27d. PHYSICIAN'S NAME (TYPE OF AND	R FNS		22e ADDRESS 4977 METERY OR CREMATOR	Battery La	Bet	Ena	amd		

DHMH - 16 50M 1/B1 (VRA 15, 4)

Hines/Rinaldi Funeral Home

Burial

24 FUNERAL DIRECTOR

Oct. 26, 1981 Parklawn Cemetery 11800 N.H. Avd., O

STATE

Md.

Rockville Montgomery

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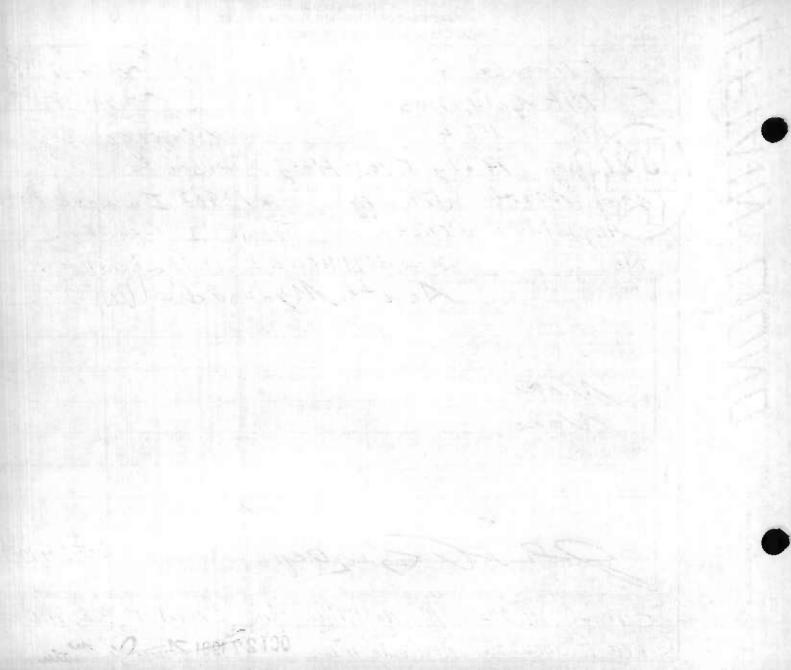
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Lockville Montgomary Md.	Canadary	mm.Lovey 138	100.00	
	100	11000 H.H.	arcoll fiercom	W Interditenia

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) BECKHAM MARGARE ESTI-THEL DIRECTOR. OUR FILES. THOURS ON STREET, DEATH MATED 3 SEX 4. RACE IF UNDER 24 HRS DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) Land MARRIED NEVER MARRIED USA WIDOWED DIVORCED Om. 126. KIND OF BUSINESS OP INDUSTRY 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION TYPE OF WORK housewife home SIDENCE BEFORE ADMISSION USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GI Nockville 13a STATE 13e STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIOOLE MIOOLE EIRST Johnson Boone Parsley Margaret Ernest 17. INFORMANT ADDRES Vista, Calif. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) Beckham 2019 E. Vista Way 20 6765 T.E. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). DAL EXAMINER ALONG W BURIAL-TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE, ATION, OR REMOVAL. IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ED AS A FHEALTH CERTIFICATION 0 USED A 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "PROBE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEALH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES NO C 0 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING SOR HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY NOT WHILE AT WORK AT WORK 220 I certify that I toak charge of the remains described obove, held on and in my opinian Autopsy death resulted from Hamicide Undetermined monner Natural couses TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER ersname John S. Rogers Silver Spring, Md. Seminary Road ADDRESS 230 BURIAL, CREMATION REMOVAL 236 DATE 73r NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Parklawn Memorial Park Rockville, Maryland Burial Funeral Home, **DHMH-17** Rockville Pike Rockville, Md. 20852 (VR A15 ME (5) 15M 2/80

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THE ST.	3. 36.	F MIL	HITH OF BRIT	LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN PRONOUNCED	P 1 0.	1 2 2
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AY IS N THE EL AGE PILED 201 W	8			GIVE STREET ADDRESS)	co 11-0	FOR MOST OF WORKING L	IFE)	OR INDUSTRY
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21201 F ANY AND RETA HOULE	13a. S	TATE IST. COUNTY	red. 13	CITY OF TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	-	. I Ave
P. 2. A 2. A SHC NL RE	2 14 5	ATHER'S NAME	1000	111.0	YES NO.	CENTIAME	Lnw	DAG MAC
PW.	1	FIRST ALLANGE LINE	DLE // I)	OPEEN	FIRST.	MIDDLE	0	LAST
OK SW	160	VAS DECEASED EVER IN U.S. ARMED F	OPCES?	b. SOCIAL SECURITY N	D. 17. INFORMANT	SSIE I	ORIF ODRESS	FIN
PRESTON ST., BALTIMORE, MD. ITHIN 24 HOURS AFTER DEATH. II CIL IN ITEM 18. GIVE PAGES 1, 2, RE ALONG WITH PORM PM 3: ANSIT PERMIT, PAGES 1 AND 2.8 AL HYGIENE, DIVISION OF VITAL REMOVAL.	0	ES, NO, OR INKNOWN) (IF YES, GIVE WAR O	R DATES)	20-28-58	99 41751	REIL (1	Tue 1	SAMPERS
RS A SINIE	-	18. CAUSE OF DEATH (Enter only one			MAZEL	DELL (H	usbang	APPROXIMATE INTERVAL
ST.		PART I DEATH WAS CAUSED BY:		(o), (b) and (c).)	- Mile	10011	1/20	BETWEEN ONSET AND DEATH
I TEN I TEN I TON		459, IMMEDIATE CA		A CONSEQUENCE OF	-100	-av cor-	- (///)	
RES.		Conditions, if any, which						
A WIT WIT WIT WAS IN TRANS		gove rise to immediate couse (a) stating the under-	(b)	A CONSEQUENCE OF				
N MEI	3	lying couse lost.		CONSEQUENCE OF				
AAL E		PART 2 DINER SIGNIFICANT CONDITIONS CONTRI	(c) IBUTING TO DEATH BUT N	DT RELATED TO THE TERMINAL	DISEASE DE CONDITION GIVEN IN E	PART 1 (n)		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CRTHFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH, IF ANY DELAY IS RITHING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FROM POLICE EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE S 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAID AND 2. SHOULD BE PILED. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL PECORDS, 201 VIOLENCY TO BURIAL, CREMATION, OR REMOVAL.	Z	Mon	2			An Tivi		
PEN PEN HEA	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATI	ON WAS PERFORMED?			20 AUTOPSY?
F VITAL RE TE SHOULD WORD "PE HE CHIEF A BE USED A ENT OF HE	길볼	None						YES NO NO
NE SE	5 8	210 EXPERNAL CAUSE WAS	216. TIME OF INJ		11c. HOW INJURY OCCURR	RED LENTER NATURE OF INJURY IN	TITEM 1B PART 1 OR PART	
NO THE OUT THE		UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. M	ONTH DAY YEAR				
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TO MEDICAL EXAMINER: THIS CRITIFICATE SHOT EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA		22a I certify that I took charge of t	he remains describe	d shave held as	Autopsy . Inspecti	on loguity	, ond in my opin	
A TOTAL		death resulted from: Natural co	rtano .	ident , Suicid		Undetermined monner		non
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PER	36-	EXAMBLER'S NAME			ADDRESS			
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DHMH - 17	24 €	NERAL DIRECTOR	/ ADDRESS 4	4 N. Was	4. St. 250. DATE		b. REGISTRAR'S SIC	SNATURE
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	Ι.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
tig.		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 25 HOUR
e Pe	T III	Rita	Athearn	Berrien	October 2	4. 1981 7:001
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4 e jûe 4		Female	white	May 3 1888	9.3	ONTHS DAYS HOURS MAN
a po a		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
dear 72 h		IOWa	USA.	WIDOWED DIVORCED	Montgome	VV MD
fter function in thin	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	121 KIND OF BUSINESS OR
by the ed with	1	Betherder	Home -	ADDRESS) 66/6 Kannoch	Home	INDUSTRY
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within a within the state of th	14. F.	ATHER'S NAME	MIDDLE JAST	15 MOTHER'S MAIDEN NA	WE WIDDLE ?	- / / LAST /
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ficate ficate vsician vsician pers. P		18 CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), a	nd ichiy.	11	BETWEEN ONSET AND DEATH
ST., I certii certii na pal		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) Conge	stive heart	Failure	one real.
rons death carbo on, or traum		41,20	DUE TO, OR AS A CONSEQU	ENCE OF .		- TIMANE
PRESTON It the death the attendir move carbo emation, or		Canditions, if any, which	((b) A	tevioscleros		25 /4013
W. PR that the by the remo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
		underlying cause last.	(c)			
DIVISION OF VITAL RECORDS, 201 IDING PHYSICIAN: The law requires strending physician. After this certificate has been signed is she burial-transit permit. Then pleas lith and Mental Hygiene prior to burial marked or I tem 18 shows any injury,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH SHE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
aw re	CERTIFICATION	Kenal +	-acture.	typer tersion		
he tand	3	198 DATE OF OPERATION	196 CONDITION FOR WHICH	PERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
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DN OF VITAL PHYSICIAN: up physician. this certificate urial-transit p Mental Hygie d or Item 18 s	U	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		AY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)
HYSI phys ais cer rial-tr. fenta	3	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
VISION NG PF anding fter thi he buri and M arked o	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21) LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISION ENDING PI or attending OR: After th e as the bur ealth and M is marked	>	AT WORK AT WORK		1 4 2	TA +11112	
DIN TENDI or atte TOR: A use as t Health		22a.1 certify that (1) (this hasp	mal attended the deceased fram.	Sept 18 19 8	10 Ollun / 3	19, that (1) (me) last
ATT of the of the		saw the deceased alive at abave, (1) (and (did) (did)	bt) view the bady after death.	, and that in (my) (our) apinian	death accurred an the date and haus	and fram the causes stated
ALOR AT the hospital ALDIRECT tached for the Dept. of T: If Item 5		226. SIGNATURE		DEGREE	/	224 DATE SIGNED
TAL the		allens	U hull	MO D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	04.24, 1981
SPI J by J be de	1	224. PHYSICIAN'S NAME (TYPE	ORPRINT)	22e ADDRESS	1 1.	Al Belliesda
TD HOSPITAL Cretained by the high should be detached with the State De IMPORTANT: If		Allen J.	O Neill	860/0/d	6 e orge town	10, ma
Shoot Too	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
D / BP		Cremation	10-25-81	Lee's Crematory	Washington, D. C	OUNTY 20082
DHMH-16 25M	24. F	UNERAL DIRECTOR	Anneses	20002 25g DAT	E REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VRA 15, 4) 1/79	Le	e Funeral Home	300-4th St.N.E.	Wash.D.C.	127 1981 Bures	Va W-e

Reta Athenn Bernien October 24, 1161.7 219 Female White May 3 1888 93 Forma 215A V Montgomery Tetherda Home - care Rainigh Home-And Memberson Rethinds of 6616 Rannoch Hond Charles Atheren Cinda Whithated NO YESTERIEN DOWN ROMANCE Red Congestive heart failure one real Articolatera 25 years Renal faction Hopping becomes Bet 15 Supt 18 81 Butches 13 81 -College Muse ma State of the Allen J. C'Noill 8601 Old Georgeburn Pd Dall Openation 25-23-81 Lee's Organion and on.D.C. Bives on Tee Placent Home 300-Ptg St. R. R. Cosh.D.C.

24 FUNERAL DIRECTOR

- STATE

(TYPE OR PRINT)

REGISTRAR

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2b HOUR William Francis October 28, 1981 Billings 10:40 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 1946 Jan. 9. BALTIMORE CITY OR COUNTY OF DEATH 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery County 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (JENOT IN SUCH FACILITY, GIVE STREET ADDRESS) NTH 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR Clerk/Accurate Buffer Corp. linical Center, Bethesda, Md. 58 Rumford St. W. Hartford 06107 15 MOTHER'S MAIDEN NAME MIDDLE Gilbert Billings Evagene 16b SOCIAL SECURITY NO ADDRESS 17 INFORMANT 046-38-2277 Forrest C. Billings/father/same as 13 IMMEDIATE CAUSE (o) Massive cerebral necrosis Unknown DUE TO, OR AS A CONSEQUENCE OF Bilateral pneumonia, severe Months DUE TO, OR AS A CONSEQUENCE OF ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO immunodeficiency with 2° multiple infections 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET FACTORY, OFFICE, FARM ETC) CITY OF TOWN STATE October (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 20e ADDRESS National Institutes of Health Clinical Center, Bethesda, Md. 20205 23r NAME OF CEMETERY OR CREMATORY

Capitol Funeral Service, Fairfax, Va.

Lee's Crematory

NOVO 2 1981 Spines

Washington, D.C.

DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		Female	RACE Caucasian CITIZEN OF WHAT COUNTRY	Jan.	DAY 1894	87 YR:	
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2	USUA 13n. 5	RESIDENCE (IF NURSING HOME OR O TATE 13b COUNT Monto		WN	Nursing Home 13d Inside City Limits? YES [X] NO []	Housewife 13e. STREET ADDRESS	tions Dond
1	II. FA	THERS NAME HULL Arthur	DDLE LAST Tudo		IS MOTHER'S MAIDEN NA.	MIDDLE	Weigel
			war OR DATES) 215-46-1	575	Lois M. Wil	son Daughter	Same as 13 BAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	NOI	R CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQ	UENCE OF	votic Gard	WAS IN DISE	pe Jeans
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	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACCUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	19	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2) COUNTY STATE
		WHILE NOT WHILE 220.1 certify that this hospita saw the deceosed a above well did to real this hospita. 220. SIGNATURE 220. PHYSICIAN'S NAME (TYPE OR	White the second of the post of the beath of the second of	I Me	ATTENDING PHYSICIAN DECREE 3 720 AV	death occurred on the date and I	, 19 , the (1) (we) lost
	1	URIAL, CREMATION, REMOVAL SPECIFY) Burial	Oct. 12. 1981 Co				r. Geo. Md.
		INERAL DIRECTOR Francis 10 University Blu	s J. Collinsoress vd. W. Silver	Sprin		T 1 4 1981	SISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been righted by the attended which the best for use as the burial-transit permit. Then please emperation with the State Dept. of Health and Mental Hygiene prior to fund a

TO HOSPITAL OR ATTENDING PHYSICIAN: The low Catained by the hospital or attending physician. IMPORTANT: If Item 21 is marked or Item 18 shows any

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그리는 사람들이 선생님이 경찰만, 그 살아를 가고 하고 있다. MATERIAL CONCINCTION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 2g. DATE KNOWN (TYPE OR PRINT) JosePh. OF ESTI-3 SEX & AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Dec.12.1953 Male Cauc. DEAD Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY Ja. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! Maryland United States WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING LIFE) Rockville 651 Falls Road Student School 1 ED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD B HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 12104 Hitching Post Lane 113b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Montgomery Maryland Rockville 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST FIRST Morrisev Mary Bover Margaret George 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO IYES, NO. OR UNKNOWNI 216-60-2843 #13 No George L. Boyer. Same as IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? TO BURI YES 🗌 RDED TO THE C DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY X OR UNDERLYING WEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED TO MEDICAL EXAMINER: THIS CENTRACTORY WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection Suicide X death resulted fram: Accident Hamicide Undetermined manner Natural causes TITLE (SPECIFY SIGNATURE 7936 Old Georgetown Road Bethesda, Maryland 20814 John G. Ball. M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Gate of Heaven Cem. Cem. Silver Spring, Mary
250. DATE REC'D. BY REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral **DHMH-17** Homes, P.A. Bethesda, Maryland (VR A15 ME (5) 15M 2/80

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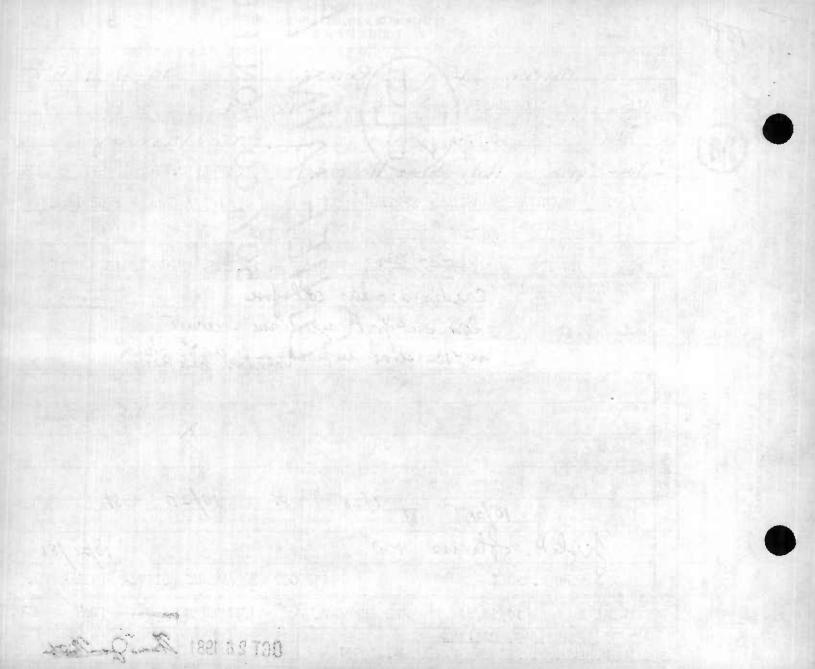
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121		saw the deceased alive on above, (I) (we) did) (did no	it) view the body ofter death.	, and that in (my) (our) opinion o	death accurred on the date and had	ur and from the causes stated
T: If Hen		22b. SIGNATURE	Allin m.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/5/8/
PORTAN		22d. PITTOTAN'S NAME LITYPE O	Allin M.D.	8218 W	Sconsin Ave.	Bethred Mo
<u> </u>	23o E	BURIAL, CRIMATION, REMOVAL	October 5 23c NAME O	F CEMETERY OR CREMATORY	23d LOCATION	
		remation			. Alexandria,	Virginia
ВІ	24 Ft	UNERAL DIRECTOR Rober	t A. Pumphrey Fu	neral 250. DATE	E REC'D. BY REGISTRAR 256 REGIS	TRAR SIGNATURY athen
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DHMH - 16 50M 1/1 (VRA 15, 4)

YO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

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HO Full the that the POR		JOSEPH M		· 9801 GEOF	RGIA AVENUE, SILV	ER SPRING, MD.
10 300		BURIAL, CREMATION, REMOVAL (SPE BURIAL	10/24/81	NAME OF CEMETERY OF CREMATORY GATE OF HEAVEN	SILVER SPRING	STATE MONT STATE MO
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	UNERAL DIRECTOR FRANCI.	S J. COLLINS ADDRESS ., SILVER SPRING		CT 26 1981	TRAP'S SIGNATURE



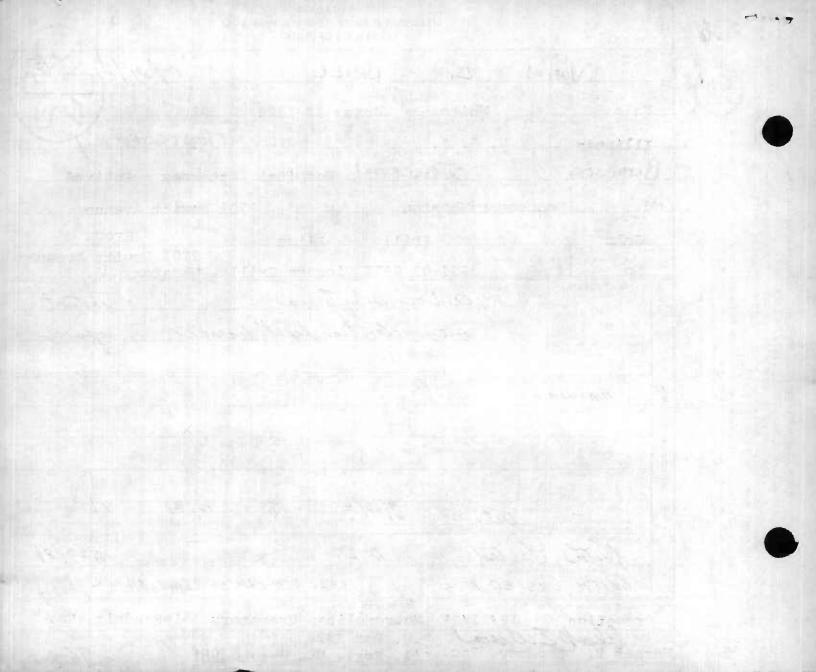
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DEPARTMENT	OF	HE	ALTH	AND	MENT

	1.	STATE REGISTRAR			CERTIFI	CATE OF DEATH	REG. NO	D.		
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i		RTHPLACE STATE OR FOREIGN COUNTRY)	76. CITIZEN OF V	HAT COUNTRY?		X NEVER MARRIED	9 BALTIMORE CITY O	_		
	10. CI	TO POPO DE ATH	II. NAME OF H		HOME O	DIVORCED	120 USUAL OCCUPATION	G014		MD. OF BUSINESS OR
>	6	ethes DA	(IF NOT IN SUCH	FACILITY, GIVE STREET AD	DRESS)	1	(TYPE OF WORK FOR MOST OF	F WORKING LIFE)	INDUSTRY	
r	USU/ 13a. S	L RESIDENCE (IF NURSING HONTATE 136 C		GIVE RESIDENCE BEFORE AT		Hospital 13d. INSIDE CITY LIMITS?	Attorne 13e STREET ADDRESS	У – В	etire	<u>'a</u>
)	Me		ntgomery	Wheaton		YES NO	2701 Hewi	tt Av	enue	
-	14. FA	THER'S NAME FIRST	MIDDLE	ŧAST	_ 1	15 MOTHER'S MAIDEN NAM FIRST	AE MIDDLE		LAS	T
1	16a W	John /AS DECEASED EVER IN U.S	ARMED FORCES?	Bri 166 SOCIAL SECURI		Alice 17 INFORMANT	ADDRE		rown	
			S, GIVE WAR OR DATES)			Elenora Br	270	I Hew aton,	vitt A Md.	venue
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		22d PHYSICIAN'S NAME (IT	Officially YPE OR PRINT) USTED, A	1.D.	1//	PHYSICIAN 22 ADDRESS 1332/ NEW H	CDIRECTOR PHYSICI	AN []	VER S	PRING, N

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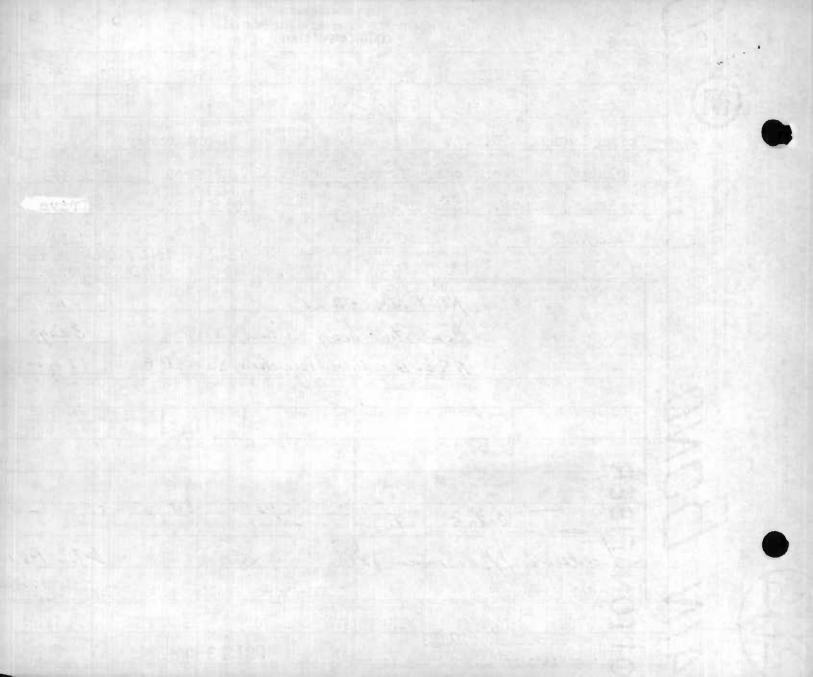
23a BURIAL, CREMATION, REMOVAL (SPECIFY)
Cremation Alexandria, Va. STATE Metropolitan iser Inc. P.O. Box 7428 Sil. Spr., Md

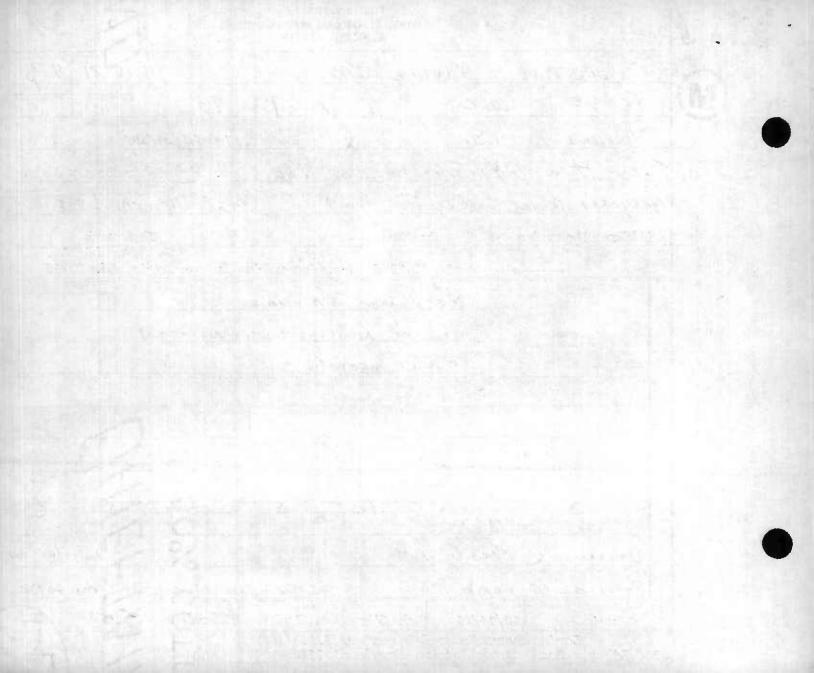
24 FUNERAL DIRE Pumphrey,

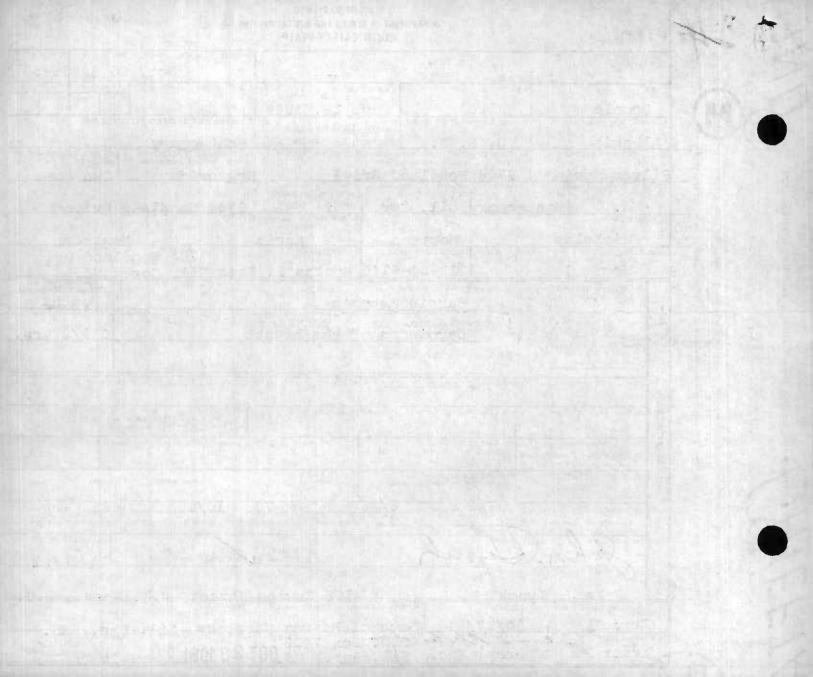


FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE







- 10	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	2	6 9	1 4
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ge 4 may		Male	4 RACE Caucas	ian	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BII		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
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in 24 hau filled in hould be	13a. S Ma		ROTHER INSTITUTION NTY GOMERY	ROCKVIII	N	13d INSIDE CITY LIMITS? YES 🖔 NO 🗌	500 W.Mon	tgomer	y Ave.,	
completely I and 2 sh		THER'S NAME FIRST Ernest	uther	Bullar		Rosalee	WIDDLE	500	Mear	ns
physician and co apparers. Pages I emovol.	()	VAS DECEASED EVER IN U.S. AI (16 YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUSI	VE WAR OR DATES)	166 SOCIAL SECU		Dr.Dexter M.	Bullard,Jr		Hesketh Chase	Maryland
requires that the death consigned by the attending. Then please remove corburial, cremation, or injury, at other traumotic	IION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(c)	R AS A CONSEQUE	NCE OF		INAL DISEASE OR CON			
NG PHYSICIAN: The low requir attending physician. Ifter this certificate has been signs the burial-transit permit. Then hand Mental Hygiene prior to be the dor them 18 shows any injury attended or them 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO M	IN CERTIF	, WERE FINDIN YING CAUSES S []	NGS USED OF DEATH? NO
HYSICIA nding p nis certif nis certif burial- Mento or frem	MEDICAL CER	210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE [IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A. R) P. 21e. PLACE		YEAR 19	216. HOW INJURY OCCURR	RED (ENTER NATURE OF INJ.		COUNTY	STATE
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O HOSPITAL OF TO FUNERAL DII Should be detoch with the State The MARCHANT: If It		CORINNE CO		ker .D.	MNO	ATTENDING	medical standing of the director physical physic	CIAN	10-6	ms.
005 PE 3 E		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE	1981	chvil	emetery or crematory le Cemetery	ROCKV111	e Mont	gomery	Marÿ¶and
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR Rober Ockville, Maryla	t A. Pump	hrey Fund	eral	omes P/A 250 DAT	CT 1 5 1981	25b. REGIST		Vestle

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	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
	. DECEASED NAME FIRST MIDDI	LAST LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
ay be age 3 deoth	KENNETH	wichols BURDETTE	October 3,	1981 /2:38
frer of	3. SEX 4. RACE	NONTE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
Page directo	Male Caucasia	an 11 12 02	78 YRS.	MOOKS NOOKS
Poor Poor Poor Poor Poor Poor Poor Poor	70. BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WH)	MARRIED NEVER MARRIED		TY OF DEATH
o difference of the state of th	10. CITY OR TOWN OF DEATH 11. NAME OF HOS (IF NOT IN SUCH FAC	PITAL, NURSING HOME OR OTHER INSTITUTION CILITY, GIVE STREET ADDRESS) Grove Adventist Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING retired FAF	
24 hours ould be	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE	CITY OR TOWN Boyds 13d Inside city Limits?	13e. STREET ADDRESS 14701 Clopper	
makyla ed within mpletely is and 2 sho	4 FATHER'S NAME JÖHN DARBY DURDE	15. MOTHER'S MAIDEN N.	AME	KING LAST
BALTIMORE, MARYLAND 21201 ote be executed within 24 hours of size of the size	THE NECK ON THE WAR ON DATES	social security No. 17 INFORMANT 216-40-9172 Ruth Cant	ADDRESS tler Same as #1	3
201 W. PRESTON ST., BAL es that the death certificate ned by the ottending physici please remove carbonooper urial, cremation, or removal. , or other traumotic event, th	Conditions, if ony, which gove rise to immediate	A CONSEQUENCE OF	Drey Quest	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTINUED IN CONDITIONS CONTINUED IN CONDITION	RIBUTING TO DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
AI RECO			IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \to NO \to
OF VITA				PART I OR PART 2)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir ratending physician. When this certificate hose sign sost the buriol-transit permit. Then the and Mental Hygiene prior to b orked or Item 18 shows any injury	21d. INJURY OCCURRED 21e. PLACE OF II		CITY OR TOWN	COUNTY -STAT
O Z TOTO	22-1 - 25 - 1 - (1) (21: 1 - 2-1) - 22-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			

saw the deceased alive on above (I) (we) (did) (did not)

22b. SIGNATURI

Should be detached for use with the State Dept. of Hea If Item DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN [] DIRECTOR PHYSICA MPORTANT 22d. PHYSICIAN SNAME 27e ADDRESS 236. DATE OCT. 6,1981 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY BURIAL Rockville Mont. Parklawn Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAP'S LAYTONSVILLE, MD. 20879 1981 FRANCIS H. BARBER

STATE OF MARYLAND DED ADTMENT OF MEALTH AND MENTAL HYCICHE

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

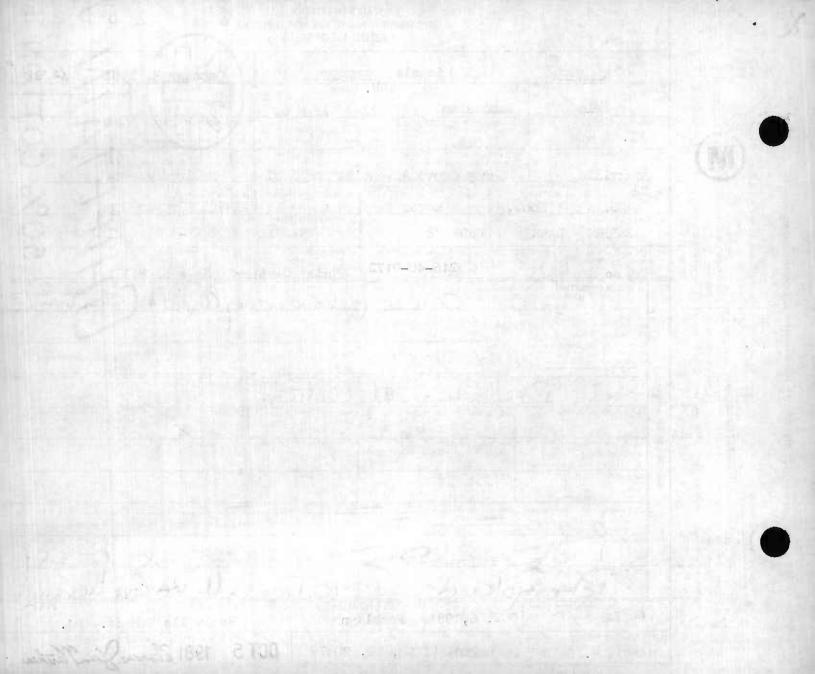
and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

IF UNDER 24 HRS

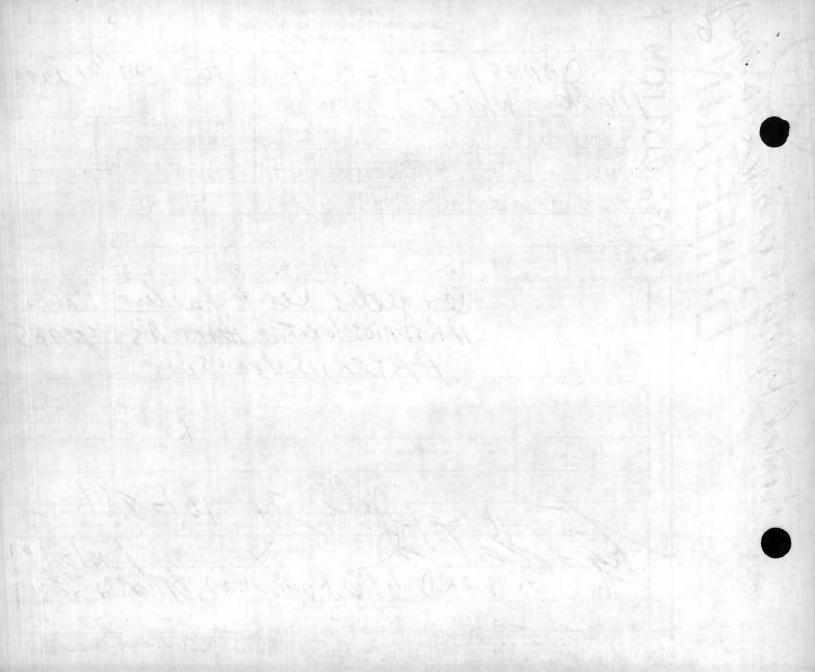
DHMH - 16 50M 1/81 (VRA 15, 4)

ned by the hospital

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of the .	STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 6 9 2 1 CERTIFICATE OF DEATH REG. NO.
eorth 3	1. DECEASED NAME PRST W. BORKY 10 20 DATE OF DEATH MONTH DAY FEAR 126 HOUR 179EC
A constant	3. SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 PER 15 UNDER 14 PER 16 AGE (IN YEARS LAST BIRTHDAY) WONTHS DAYS HOURS MIN.
0 10 10 10 10 10 10 10 10 10 10 10 10 10	76. BRITHFIACE TOUNTRY) 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED MONTGOMERY PENNSYLVANIA U.S.A. WIDOWED DIVORCED MONTGOMERY
· WALL	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RESTAURANT
MORE, MARYLAND 2120 e executed within 24 ff., o and comprehely titlest in by Poges 1 ond 3 should be jet	USUAL RESIDENCE (IF NURS) 130. STATE 130. CITY OR TOWN 130. INSIDE CITY LIMITS? MARYLAND MONTGOMERY SILVER SPRING YES X NO 150. STREET ADDRESS 150. STREET ADDRESS 150. DALE DRIVE
MARYLIN MARKU	14. FATHER'S NAME FIRST HARRY MIDDLE LAST BURKY HARRIETT MIDDLE UNKNOWN LAST UNKNOWN
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 187-09-3402 DAVID H. FERBER SAME AS 13 GRANDSON
PRESTON ST AALT He death certificate the otherding physician temove corbon poper motion, or removal.	18 CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS COSSECUENCE OF Conditions, if ony, which (b) THE TOP OF CONTROL OF CO
201 W. exhot the please in please in urial, and its creative.	gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0
TAL RECORDS, The low requir icion. The hos been sig	THE DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20% AUTOPSYT 20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
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SPITAL OR by the ho VERAL DIRE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR P
TO HOSPI retained b TO FUNE should be	Thos UT WARD ON ROADWARD, BITUES DATE 1236 NAME OF CEMETERY OF CHEMATORY 1234 LOCATION
290BP	BURIAL 11/2/81 FT. LINCOLN BRENTWOOD PRI GEO MD.
DHMH - 16 50M 1/11 (VRA 15, 4)	THE FUNERAL DIRECTOR FRANCIS J. COLLINS



1 30	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		26922
M		CEASED NAME FIRST	MIDDLE .	Butler Butler Butler Bod Per Bod Date Of Birth	REG. NO. 20. DATE OF DEATH MONT 10 -	-7-81 3°5/AM
4 90 7		Male	Black	6 11 DAY 1906	75	MONTHS DAYS HOURS MIN.
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MARYLAND ed within 24 mpletely filler and 2 should exominer mus	14 FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N.		LAST
man de	_	rank But		Cora L	ewis	
BALTIMORE			RMED FORCES? 166 SOCIAL SECULAR WAR OR DATES! 149-05	-1208 Margaret	ADDRESS M. Butler 76	20 Maple Ave
5T.,		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), or ED BY: TE CAUSE (a) DUE TO, OR AS A CONSEQU	an - Uaszular	ALLiami	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hot the death ce by the attending ase remove carb		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	1		
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DIVISION OF VITAL DING PHYSICIAN; The or offending physician After this certificate h e as the burial-transit p olth and Memal Hygier marked or item 18 shave	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY STATE
TTENDIN outal or of TOR: Aft for use as of Health		220.1 certify that (I) (this hosp	ital) attended the deceosed from	ond that in (my) (our) opinion	depth occurred on the date on	, 19 that (i) (we) lost d hour and from the causes stated
DR A hosp ched Sept.		obove, (I) (we) (did) (did no 22h-S(GNA) UIII	ot) view the body ofter death.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
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TO His should with MAPO	00	J. GARA	/S·	1/09 30	e, ~) St.	
180 BP	230. B	URIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREMATÓRY t. Lincoln	23d. LOCATION CITY OR TOWN Brentwood	COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR	ins 716 Kenne	25a. DA		RAR'S SIGNATURE / STEEL

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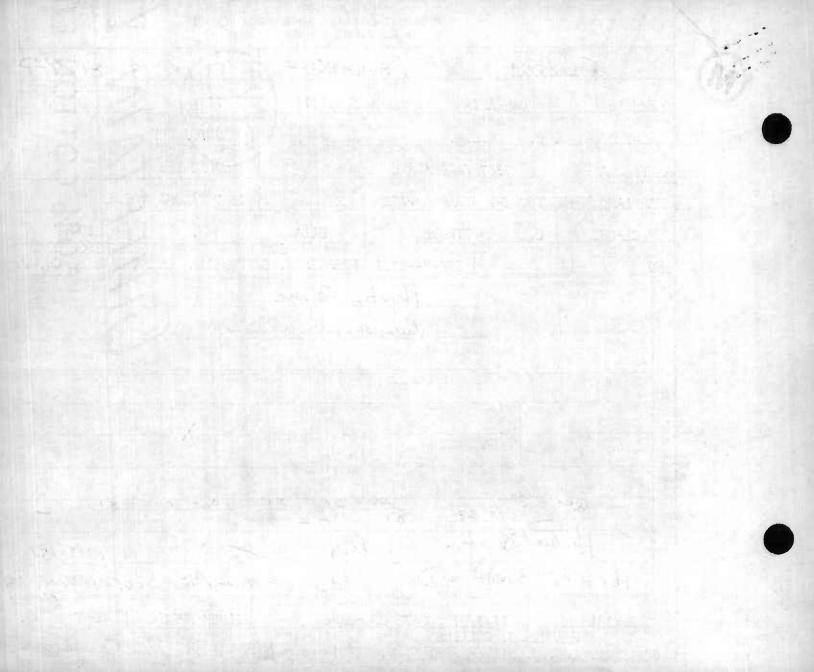
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE KNOWN D (TYPE OR PRINT) ESTI-DEATH MATED AGE UN YEARS IF UNDER 24 HRS DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED FOREIGN COUNTRY) Montgomery USA Sicily WIDOWED D DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS retired Penn. railroad USUAL RESIDENCE HE 3a. STATE 13e. STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE unknown Cafeo Basil Rockville, Md 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) 717-10-8282 Angele Steiger 12913 Grenoble dr. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BURIAL - TRANSIT PERMIT. PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A ! CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? DEPARTMENT OF YES 🗍 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFIRE DEATH, WITH THE SIT, BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion Homicide ... Undetermined manner death resulted from: TITLE (SPECIFY) ADDRESS 1919 Seminary Rd. Silver Spring, Md. John S. Rogers 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial " Silver Spring, Maryland Gate of Heaven Cemetery BP 24 FUNERAL DIRECTORS ON Wheeler Funeral Home, Inc. 250 DATE REC'D. BY REGISTRAR 236. REGISTRAR'S SIGNATURE **DHMH-17** 1331 Rockville Pike Rockville Maryland (VR A15 ME (5) 15M 2/80

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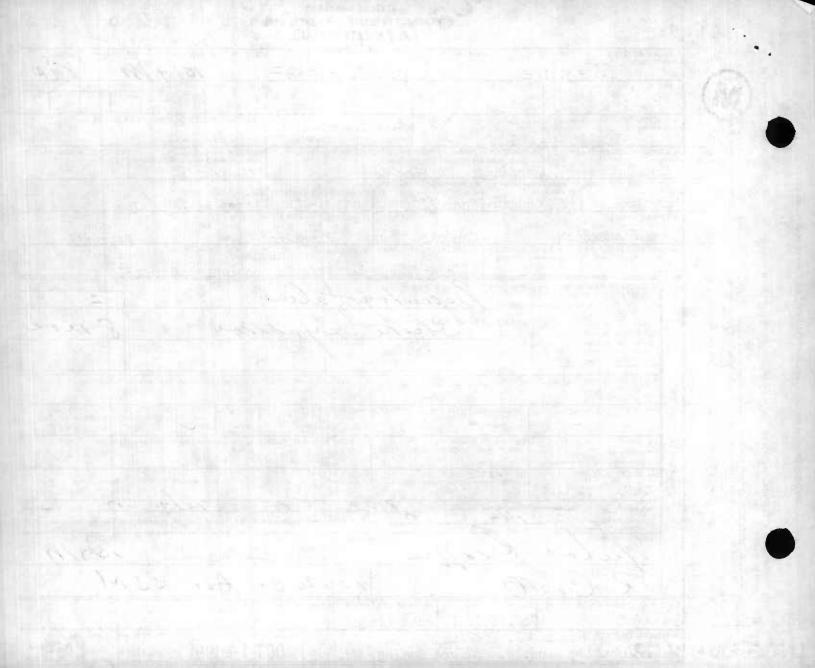
500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

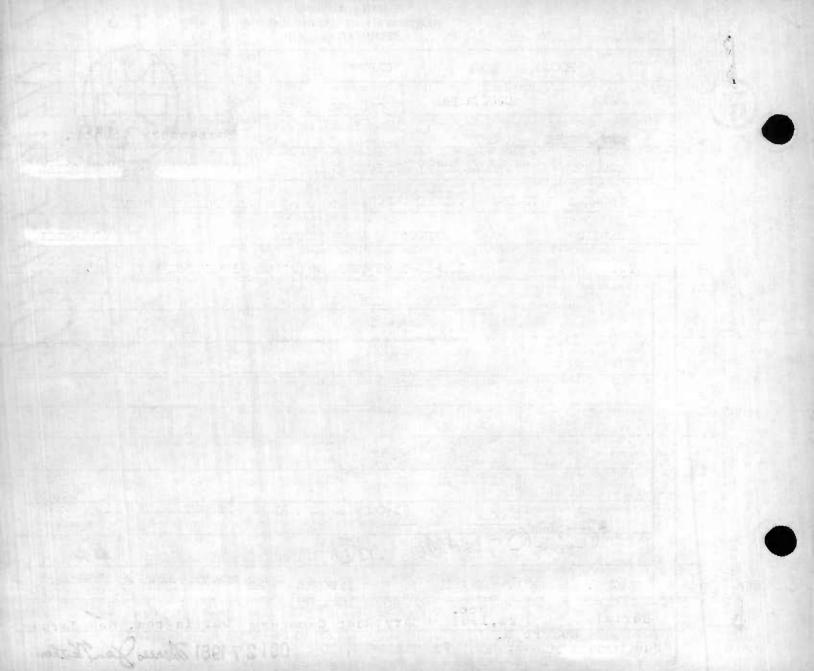


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DECEASE NAME	61	Γ'			CERTIFICAT	OF DEATH	REG N	0	
3. SEX	1			MIDDLE	LAST				Zb. HC
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Female White June 23 1900 \$1 VRS. 78. BIRTHPLACE (STATE ON FORCES) 78. CONTRIBUTION OF WHAT COUNTRY? 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (ROTH SUCH ACKING OR OTHER INSTITUTION) (ROTH SUCH ACK	(A)	3 SE		4 RACE			& AGE (IN YEARS LAST BIRT		
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		CEASED NAME FIRST ROCCO	NM	I MIDDLE	CAP	J T O		2a. DATE OF DEATH	MONTH OCT	22 81	2b. HOUR 1625
3	SEX	MALE	4. RACE CAUC	ASIAN	5. DATE C	DAY	1925	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 H
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IMPORTANT: #		220 PHYSICIAN'S NAME (TYPE OF	K LT MS			NATIO		AL MEDICAL (CENTE	ER, BETHI	ESDA,
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STATE OF MARYLAND



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2		FOR STATE			PEPARTMENT OF H			DEATH	2 6	7 %	1
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d	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)		CITIZEN OF WH		MARRIED NEV	/FD MADDIEC	9. BALTIMORE CITY	OR COUNTY O		
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ı	10. CI	Y OR TOWN OF DE	ATH 11.	NAME OF HOSE	PITAL, NURSING HOME,	OR OTHER INSTITUT	ION 1	20. USUAL OCCUPATION (T' FOR MOST OF WORKING LIFE)	YPE OF WORK 12b.	KIND OF BUSI	INESS
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=	_	No			339-09-3984	Dorot	hy C.	Stevenson			
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		PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONT	RIBUTING TO DEATH BI	UT NOT RELATED TO THE TERMIN				12143	~	
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	CER	210 EXTERNAL CAU		21b. TIME OF HOUR AM.	MONTH DAY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)		
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	MEDI	21d. INJURY OCCUR			FINJURY (AT HOME, DRY, FARM, ETC.)	21f LOCATION STREET	11 .1	CITY OR TOWN	/ COUNTY	. 8 . 4	STATE
	~	1101	VORK VORK		siny Hense	Bethesh 1	Heiltha	lenter. 13ethe	sda NoT	it- N	12.
		22a. I certify that	I taak charge of	the remains desc	ribed abave, held an	Autopsy ,	Inspection	, Inquiry ,	and in my opinion	n	
		death resulted from	n: Natural co	auses .	Accident , Suic	de . Hamici	ide	Undetermined manner	,		
			00	0 2	7 00	LITLE (SF	PECIFY)			1010	10
ا		ACTUAL SIGNATURE	John	n /3 /:	rell	M.D. De	Duty	MEDICAL EXAMINER	SIGNED_	19,19	81:
		EXAMINER'S NAME	/				/				
1	-	(TYPE OR PRINT)				ADDRESS					
	23a.Bl	IRIAL, CREMATION, I				TERY OR CREMATO	-0.00	23d. LOCATION CITY OR TOWN	COUNTY	STATE	E
		Removal		10-11-81	Georgetown					MILLIDE	
-			an Funci	ADDRESS	ice, Alexan		OCT	B 14 003004	GISTRAR'S SIGN	Partron	
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	1-	STATE MANE ENER	MED!		CERTIFICATE OF	DEATH	REG. NO.	7 6	7
25 of 150mm		CEASED NAME FIR	ew &	LIJEN CA	i (cost	20. DATE KNO	HINOW MONTH	DAY YEAR	2b. HOW
A SECTION ASSESSMENT	3. SE	Finds LM	5. DATE OF BIRTH MONTH DAY Ch. 13	YEAR LAST BIRTHDAY) YEAR SYRS.	NDER 1 YR. IF UNDER 24	HRS. 2c. DATE PRONOUNCED DEAD	MONTH 3	DAY VIAR	2d HOU 2 2 2
NECESSA FUNESAL S FOR W PREST		IRTHPLACE (STATE OR CO.) PRESIDENCE (STATE OR CO.) PRESIDENCE (STATE OR CO.)	76. CITIZEN OF WHA	T COUNTRY? 8 MARR	IED NEVER MARRIED	- 1	CITY OR COUNT	YOF DEATH	111.
DELAY IS NEG 3 TO THE FUNN IN PAGE 5 F O BE FILED, W RDS, 201 W/F	1D. C	O/mey		TAL, NURSING HOME, OR OTH		FOR MOST OF WORKING	ON (TYPE OF WORK LIFE)	OR INDUSTR	S.A.
D. 21201 I. IF ANY DELAY IS. 2, AND 3 TO THE F. 3. RETAIN PAGE. SHOULD BE FILED. AL RECORDS 201 VA. RECORDS 2	13a. S	AL RESIDENCE (IF III	THER INSTITUTION, GRE	RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN	+	STREET ADDRESS	GEVIEW I	Drive	
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C., BALTIMORI URS AFTER DE BIGINE PAGE WITH FORM IT. PAGES 1 AI	16a \	VAS DECEASED EVER IN U.S ES, NO, OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 212-38-0498	Mr. JOSEPH S.	21 1 2	DDRESS LSDY Ride TEST HIV	Marylaw Dr	1105
LI RECORDS, 201 W. PRESTON ST., JULD BE EXECUTED WITHIN 24 HOUR "PENDING" IN PENCIL IN ITEM 18. FET AREDICAL EXAMINER ALONG WED AS BURIAL TRANSIT PERMIT. HEATH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.		Canditions, if any, we gave rise to immediately cause (a) stating the unlying cause last.	which diate ader (b) DUE TO, OR AS	S A CONSEQUENCE OF S A CONSEQUENCE OF	E OR CONDITION GIVEN IN PART 1		((//		
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PAG 212	ME	WHILE NOT WHILE AT WORK	STREET, FACTOR		STREET	CITY OR TOWN	COL	ути	STATE
MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNERAL DIRECTOR: FR DECATH, WITH THE THANKE, MARYLAND,			charge of the remains descri	bed abave, held an Autap		Inquiry Undetermined manne		26.3/	196
TO MEDI EXECUTE PAGE 4 A FTER DE BALTIMO	1	EXSMINER'S NAME (TYPE OR PRINT)			ADDRESS			<i>y</i>	
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DHMH - 17 (VR A15 ME (5))	1 3	UNERAL DIRECTOR SOMETHING WILL ANT F		dway & Williams & Maryland 2101	317	D. BY REGISTRAR 2	Encar San	Narthen	

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	STATE REGISTRAR ECEASED NAME	FIRST	MEDIC	STATE			42. 0	REG. NO.	MONTH	DAY	YEAR I	U
(1)	PE OR PRINT)	Norma	G. Pe	ters	Chiribo	oga	OF	ESTI- H MATED	10	14,	81	26. HOUR
3. SE	female whi	te S. DATE	OF BIRTH	YEAR 6. AGE (IN YEARS LAST BIRTHDAY) 929 51 YRS.	MONTHS DAYS	HOURS	MIN. PRONOL	UNCED	10	14,	YEAR 81	8:30
5	BIRTHPLACE (STATE OR OREIGN COUNTRY) Maine CITY OR TOWN OF DEA	TH II. NAM	S.A.	COUNTRY? 8.	MARRIED NE	DIVORCE		Mont CITY OR MONT	- gomer	CY CC	ount	V MD.
70	Rockville	Po	tomac V	alley Nurs	ing Home		House House	ORKING LIFE)		OR IN	DUSTRY	
3 [130.		ISING PLOME OR OTHER IN: 13b. COUNTY Montgomer	13	sidence before admission) Ic. CITY OR TOWN Bethesda	13d. INSIDE O	NO 🗆	13. STREET ADD	RESS Northbro	ook L	ane		
50	George	MIDDLE		Peters	Mi	er's maiden erst ldred		MIDDLE		Nad		
1 160.	WAS DECEASED EVER YES, NO, OR UNKNOWN) NO	IN U.S. ARMED FOR (IF YES, GIVE WAR OR DA'	TES)	36. SOCIAL SECURITY N 2004-26-540]			niriboga	ADDRESS 6411 Ke -Betheso	nhow la, M	e Dr	ive	
EMATION, OR REMOVAL.	Conditions, if o gove rise to couse (o) stoting lying couse lost. PART 2 OTHER SIGNIFICANT	ny, which immediate the <u>under-</u>	(b)UE TO, OR AS	SECT WOUND OF A CONSEQUENCE OF				Jons				
2 - 5	190 DATE OF OPERA	TION	6 CONDITION	N FOR WHICH OPERAT	ON WAS PERFOR	MED?				20 AUT		NO []
FICA										YES		
CAL CERTIFICATION	210. EXTERNAL CAUS	OR LAUSE OF DEATH	Ib. TIME OF INJ HOUR A.M. M P.M.	ONIT 73Y YE 80	Assault		ENTER NATURE OF	INJURY IN ITEM 18 PA	RT I OR PART	YES	XX	
MEDICAL CERTIFICA	UNDERLYING C	DR CAUSE OF DEATH	HOUR A.M. M	NJURY (ATHOME	Assault			own Bethes		2)	XX	
MEDICAL	UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURR WHILE NOT NAT WORK AT WORK	OR AUSE OF DEATH ED WHILE ORK took chorge of the	P.M. P.M. PLACE OF II STREET, FACTORY, NOME	NJURY (ATHOME, FARM, ETC.)	Assault LOCATION 8315 Not	X Inspection cide X.	ok Lane	bethes		onion	XX	. SMa .
ALTIMORE, MARYLANG	UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COLURN WHILE NOT WAT WORK AT WAT AT WORK AT WAT AT WORK AT WAT AT W	PRAUSE OF DEATH ED WHILE ORK took chorge of the	P.M. P.M. PLACE OF II STREET, FACTORY, NOME	ONTH DAY YEARD 19 PARM, ETC.) ed obove, held on ciden of the ciden of	Assault 10 Autopsy XX AX AND ASS	Tthbro	ok Lane	Bethesey ond ond monner	da Mo	nion 10,	, Co /15/	. SMa .

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11				STATE OF MARYLAND	Es E	1 2 009 1
2	11	FOR - STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY	GIENE 5	6 9 5 1
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		ECEASED NAME FIRST	WIDDLE	(V LAST 7)-0	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR A
pe pe		EORPRINT) VICAIN	M. 611	(LAPPH)	10	28 81 (oftm
You ad	3 SI	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER ! YEAR IF UNDER 24 HRS
2 % III III	M	tomolo	Caucasian	MONTH DAY 1908	72	MONTHS DATS HOURS MIN.
Pog W	70 E	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR COUN	
· · · · · · · · · · · · · · · · · · ·	5 p	country) ennsylvania	USA	MARRIED NEVER MARRIED	Y As a second	ITT OF BEATH
9 51 7-		ITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	Montgomery 120 USUAL OCCUPATION	MD,
ofte of the	A .		(IF NOT IN SUCH FACILITY, SIVE ST		(TYPE OF WORK FOR MOST OF WORKING	SLIFE) INDUSTRY
ours ours		Chevy Chase AL RESIDENCE (IF NURSING HOME OF	T+ DS 150 (TON SUM	Teacher	
ND 2 24 hc 24 hc ould b	130.	STATE 136 COU	NTY 13c. CITY OR T		13e STREET ADDRESS	
S : > : 5 -	1	Md. Mont	t. Chevy	Chase YES NO NO	7735 Rocton	Court
with with d 2 s	28 14 F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
	4	Thomas W.			th	Rau
IMORE, n and cr Pages I		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SI	CURITY NO. 17 INFORMAND 617	Villagesmith	Way, Burke,
BALTIMORE		No		-9912 Richard S	Brown Son	Va.
SALI) ote ote person		18 CAUSE OF DEATH (Enter or	nly one couse per fine for (a), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy phy phy emay		PART I. DEATH WAS CAUSE	TE CAUSE (D) Heta	tre lama		10 hours
ding or re		17119	DUE TO, OR/AS A CONSE	OHENCE OF 7		The transfer
PRESTON ne death contendin emave cort matian, or		Conditions, it any, which	() CONSE	inoma at /	Spart	4 HParc
he o he o emo	- 1	gove rise to immediate couse (o), stating the	10)			1 1/11
by t		underlying couse lost.	DUE TO OR AS A CONSE	status D / un	achiller Stole	on 2 MASES
201 ned plec urial		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELAYED TO THE FE	WINAY DISEASE OR CONDITION O	INFALINI DADI 1
significant signif	Z		CONTINUE CONTINUE I	Verteb	73PEASE OR CONGITION C	SIVEN IN PART 110 /
DIVISION OF VITAL RECORDS NG PHYSICIAN: The law requi offer this certificate has been signs the buriol-transit permit. The th and Mental Hygiene prior to the orked ar frem 8 shows ony injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
L RE la	F				INCER	TIFYING CAUSES OF DEATH?
VITA NAN: Th hysicio fincate fransit Hygie 18 sho		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM I	YES NO
DF VIII. Thouse Tithicate of the Islands and Islands a		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	(EALER MATORE OF MATOR IN HEM)	D PART TORPART 2]
PHYSICIAI physicial this certific to buriol-tr id Mental I dor Item 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
PHY tendi	WEI	WHILE O NOT WHILE O	(AT HOME, STREET, FACTORY OFFI		CITY OR TOWN	COUNTY
DING or affer se os the marke		AT WORK — AT WORK		57	1 19	01
ol o ol o OR: v Heo			ital) attended the deceased from	(1)	10 10 128	. 19
R ATT haspit hed for ed for em 21		salve the deceased alive an above, (I) (ma) (did / did no	view the body after death		deoth occurred an the dote and h	aur and from the couses stated
toche be Dep		17 SIGNATURY	HE I MA	DEGREE	ALEDICAL CTASS	22c. DATE SIGNED
		HICKUR!	Tracey /VX	PHYSICIAN)	MEDICAL STAFF	10/28/8/
SPII d b INEF		124 PHYSICIAN'S NAME HYPE	DR (RIMIT)	22e ADDRESS	11 1 1 1 1	e II As
O HOSPITA O HOSPITA O FUNERA Noth the Stot MPORTANT		Michel M	HEALY	11.D 15652-7/18	Ide Hrive Dot	1051/2 MADIGIT
5200 53	23a.	BURIAL, CREMATION, REMOVAL	23b DATE // 2	BE NAME OF CEMETERY OR CREMATORY	23d LOCATION	TO TO TO THE
BP	C	remation	10-29-81 G	dar Hill Cremato	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/81				4308 Suitland	TE REC'D. BY REGISTRAR 256. REG	STRAR'S SIGNATURE
(VRA 15, 4)	F	name RODIC			3 1981 2	Or W

AND THE RESIDENCE OF THE PARTY The second of th FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
	1 DECEASED NAME FIRST (TYPE OR PRINT) Rober	t Alexande	r C	larke	October 2		1 3:52 P M
	3 SEX	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDA	(Y) IF UNDER	DAYS HOURS MIN.
	Male	White	Mar	ch 26,1929	5 2	YRS	DATS MOURS MIN.
	Maryland	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWEI	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR CO		
1	10. CITY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITAL, NURSIN THE Clinica	1 Cen	ter, NIH	12a USUAL OCCUPATION MERCH Seam	Ret) 12b.) PRKING LIFE) INDU	KIND OF BUSINESS OR
1		TOTHER INSTITUTION GIVE RESIDENCE BEFORE A.A. GIER B	admission) urnie		1056 Govern	ooddre ors Ct	st Apts.)
1	Robert	A. Clarke,	Sr.	Amelia	R ^{™IDDLE}	На	affner
7	160 WAS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRESS		
4	Yes, noor unknown) UF YES GI	W. TI 218.22.	5325	Katherine	Clarke, wi	fe S	ame as 13
	4100 MMEDIA	oly one couse per line for (a), (b, on D BY: Cardio (E CAUSE (a)) DUE TO, OR AS A CONSEQUE	NCE OF	Shock	nary Diseas	2	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH HOUTS Years
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (c) Myocar	NCE OF	Infarctions	3	7	years
	Arterioscle	rotic Coronar			INAL DISEASE OR CONDITIO	ON GIVEN IN P	ART 110
	Arterioscle 190 DATE OF OPERATION 10/29/1981 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY? 20b	D. IF YES, WERE CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
	TID. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA OF CONTRIBUTING CAUSE OF DEA OF CONTRIBUTING OR CONTRIBUTING CAUSE OF DEA OF CONTRIBUTING OR CONTRIBUTION OF CONTRIB	TH HOUR A.M. MONTH DA	19	211. HOW INJURY OCCURR 211. LOCATION STREET	ED (ENTER NATURE OF INJURY IN I	ITEM 18 PART I OR P	
	sow the deceased abve on above Alawe) (did) Alaway	tol) attended the deceased from 29 October 19	81	tober 1981 d that in Xy) (our) opinion o	to 29 Octob	. 19	, that (h (we) last om the couses stated
	Andry L	Pury	D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 1.	D/30/F1
	Phihony L.	Picone		Institutes	Clinical Ce of Health,	nter, Bethe	National sda, Md

DHMH - 16 50M 1/81 (VRA 15, 4)

Entombment

TO FUNERAL DIRECTOR:

236 DATENOV. 2, 1981

23c NAME OF CEMETERY OR CREMATORY Glen Haven Mem.Pk.

Glen Burnie,

MD.

Glen Burnie Singleton Funeral Home

Be Linesattered Till Call Till bires decided No. No. 10 1 1 1 1 1 A committee of the comm

Item 5 g560 10/28/81 gj

- STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery 126. KIND OF BUSINESS OR INDUSTRY Housewife 55 Lippman 215-48-1507J] Cecile Leaf; 912 Snure Rd., SSpring, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death accurred on the date and haur and fram the couses stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Paramus, New Jersey 24 FUNERAL DIRECTOR Rockville, Md Danzansky-Goldberg Chapels; 1170 Rockville Pike

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ohen

REG. NO

26 HOUR

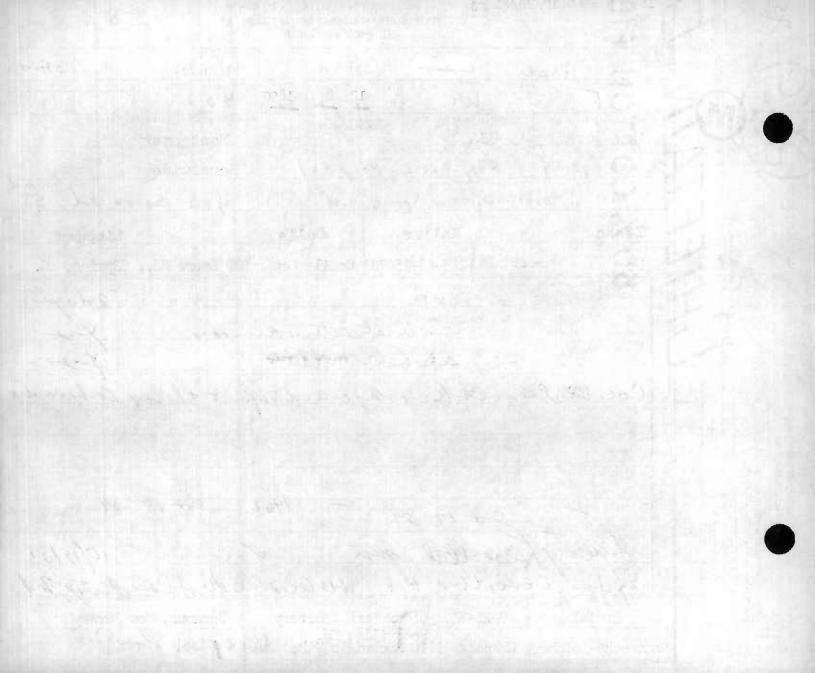
HOURS

IF UNDER 24 HRS

2a. DATE OF DEATH

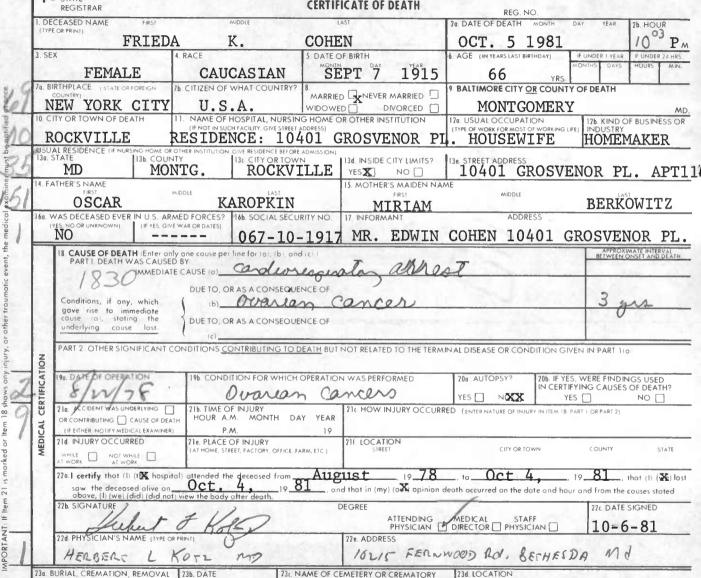
10/18/81

DHMH - 16 50M 1/81 (VRA 15, 4)



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FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	ENE 8	REG. I	2	6	9	3
1. DECEASED NAME	FIRST	WIDDLE	LAST	20. DATE C		MONTH	DAY	YEAR	2b. HOU
(TYPE OR PRINT)	FRIEDA	K.	COHEN	OCT	. 5	1981			100



DAVID MEM, GARD

STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

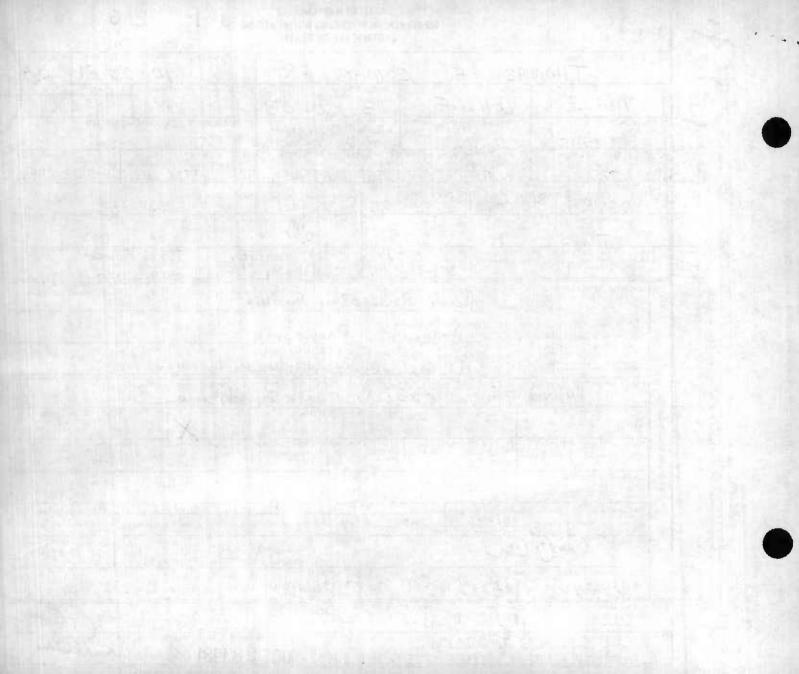
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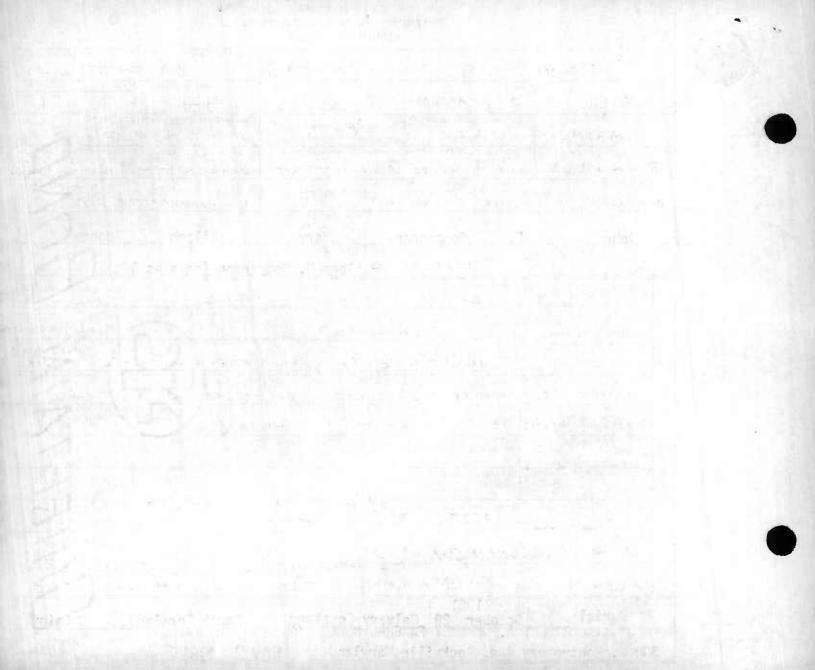
DANZANSKY-GOLDBERG

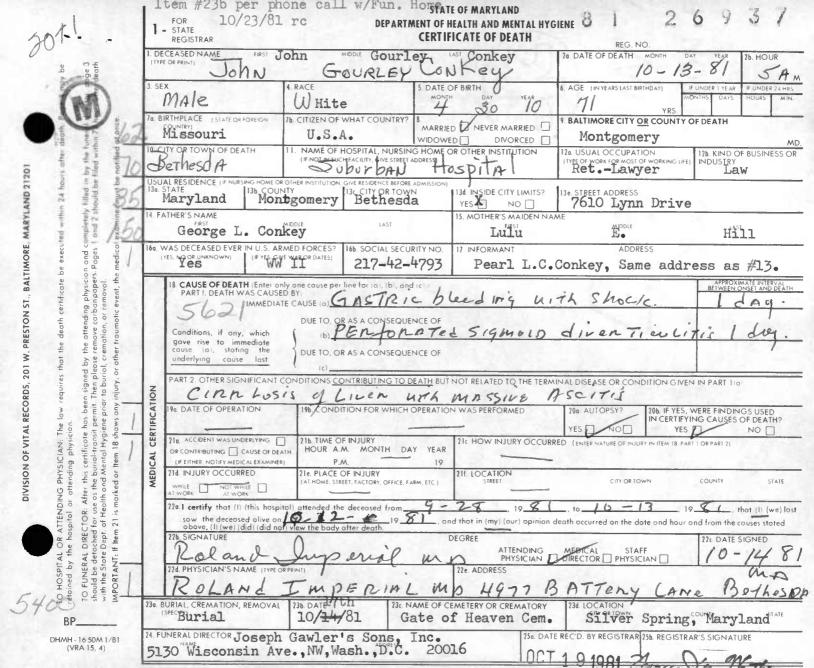
TOWARD THE RESIDENCE TO REPORT AND ADMINISTRATION OF THE PARTY

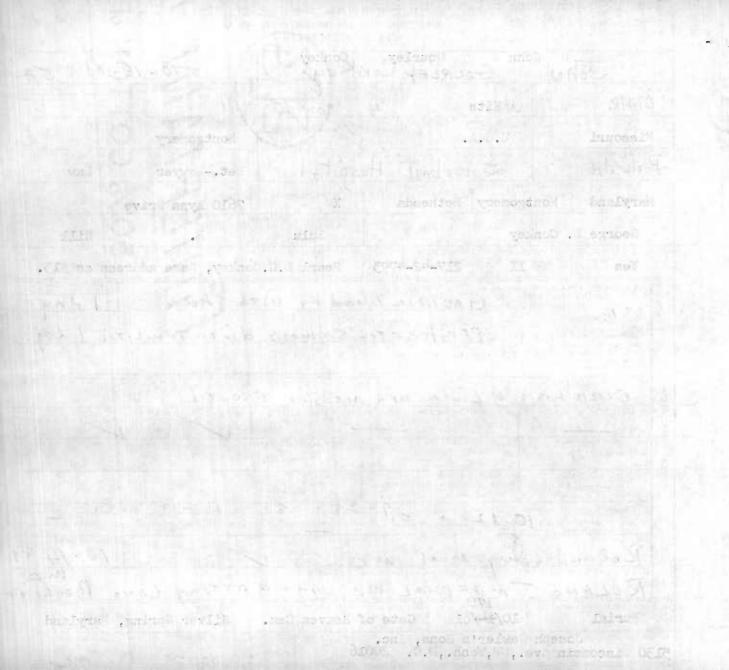
	,	\$	1	FOR - STATE REGISTRAR	D	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 1 2	6 9 3 5
				CEASED NAME FIRST	MIDOLE	Į,	AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	y be	ug-3		THOM.		COMI		10-	25-81 2AM
	ge 4 mo	M)	3. Si	MALE	WHITE	S. DATE C	F BIRTH - 20 - 03	6 AGE (IN YEARS LAST BIRTHDAY) 78 YRS	MONTHS DATS HOURS MIN.
	eoth. Po	72.0	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) TLLTNOTS	U.S.A.	UNTRY? 8 MARRIEI WIDOWE	□ NEVER MARRIED □	9 BALTIMORE CITY OR COUN MONTGOMERY	TY OF DEATH
_	ofter de	by the fulled with		ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G 	NURSING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	MD, 12b KIND OF BUSINESS OR INDUSTRY
120	ours	e file	A	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	WASHINGTON OTHER INSTITUTION GIVE RESIDEN	AUVENTIST	HUSPITAL	JOURNALIST BUT	R. OF NATL AFFAIR
AND 2	n 24 h	hould b	2	MARYLAND MON		ORTOWN VER SPRIN		13e. STREET ADDRESS 9807 MERWOOT	D LANE
RYL	vit.	d 2 s	14 F	ATHER'S NAME	AIDOLE	LAST	15. MOTHER'S MAIDEN NA	ME	1 ACT
W	Pe	Iduo /sol		THOMAS	F.	COMAN	MARY	Model	LONG
AORE,	execut	Poges 1			WAR OR DATES)		17 INFORMANT DAUG CAROLYN A.		FERNEDGE ROAD
Ė	0.0		-	NO.		7-10-6597	CARULYN A.	SILVEI	R SPRING MD.
ST., BA	rtificote	physicia an papers emoval. event, the		18 CAUSE OF DEATH (Enter online PART I, DEATH WAS CAUSED IMMEDIATE	y one cause per line far (a BY: E CAUSE (a)	0	atory Pouls	ira	BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	deoth ce	ottending nove corb ation, or r froumatic		Conditions, if any, which	DUE TO, OR AS A CO	NSEQUENCE OF	Premoni	o _l	
W. PR	hot the	by the cose remote, cremote other tra		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	NSEQUENCE OF	hooset also	eare a tree unt	Pre
20	- Se	ned plea purio y, or		PART 2 OTHER SIGNIFICANT C	101			AINAL DISEASE OR CONDITION O	GIVEN IN PART 1(p)
RDS	odo	Ther to b	NO NO	Dalyd	ration	Organi	C Brain St	Indreme	2
IL RECO	ne low r	hos bee permit.	CERTIFICATION	198 DATE OF OPERATION	196, CONDITION FOR	WHICH OPERATION		20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \to NO \to
OF VITA	Dhysici	rtificote h ol-tronsit p tol Hygier m 18 shov		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	tered tered
N O	4YS K	buric Men or Ite	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION		
DIVISI	NG Pt	After this certifieds the burial-look and Mental morked or Item	N.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY		STREET	CITY OR TOWN	COUNTY STATE
	TEND!	or use of Heal		22a. I certify that (1) (this hospite sow the deceased alive an above, (1) (we) (did) (did not			1901	death occurred on the date and h	, 19
	A All	DIRECT Sched f Dept of Item		22b. SIGNATUR	view the body ofter deat		DEGREE		22c. DATE SIGNED
	TAL OI	detoch rote De		MODI	en		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/25/01
	O HOSPI	TO FUNERAL Eshould be deto		22d. PHYSICIAN'S NAME (TYPE OR	VAID		7676 New	Hampstine 14.	ve
2/0	E	F % 3 ≤	23a	BURIAL, CREMATION, REMOVAL	236 DATE	23¢ NAME OF CI	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	BF			BURIAL	10/28/81	GATE OF		SILVER SPRING	
		- 16 50M 1/BI (RA 15, 4)	24. F		S J. COLLINS		0.00	TE REC'D. BY REGISTRAR 256. REG	1 Tales
	,,	.,,		500 UNIV. BLVD.	W. STIVER	SPRING, MD.	20901 1061	28 1981 Aprece	The state of the s



STATE OF MARYLAND

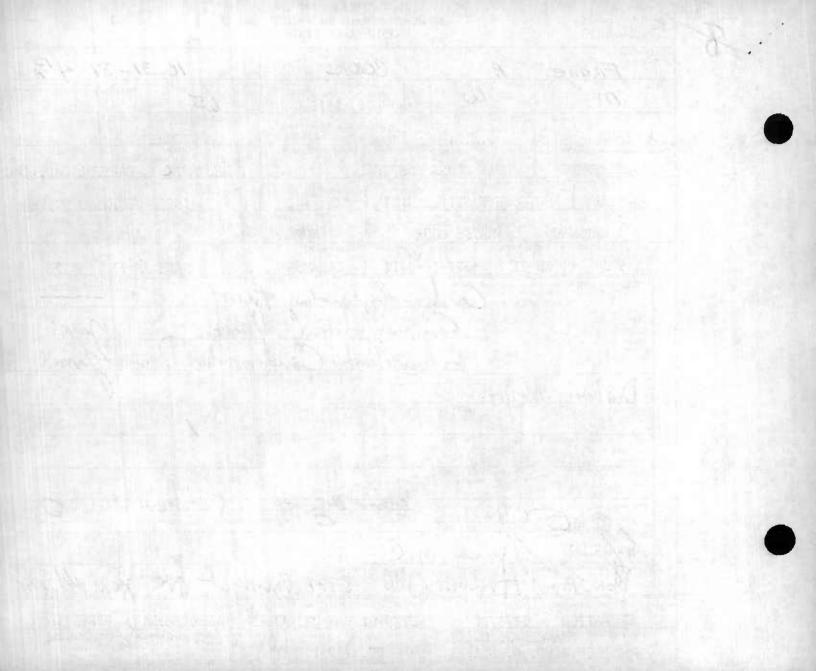




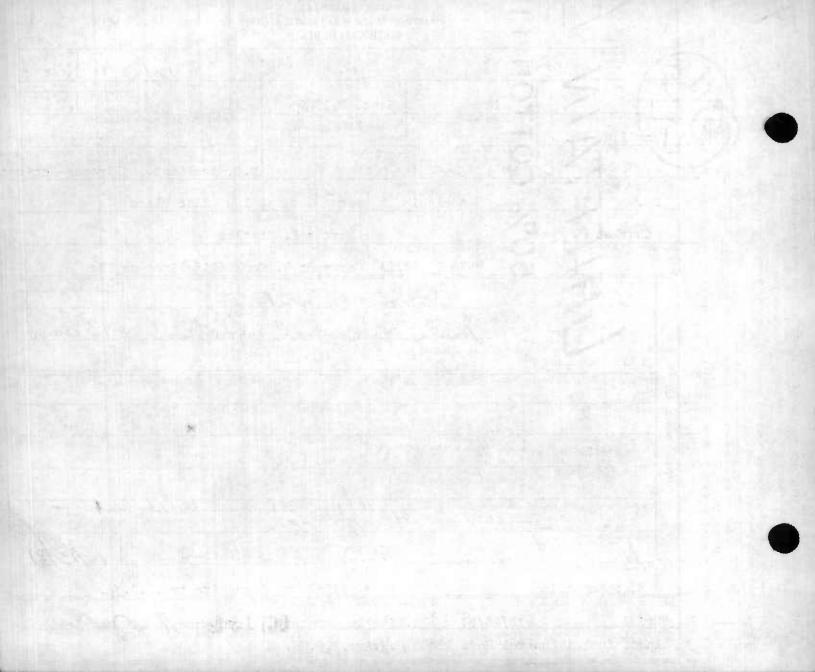


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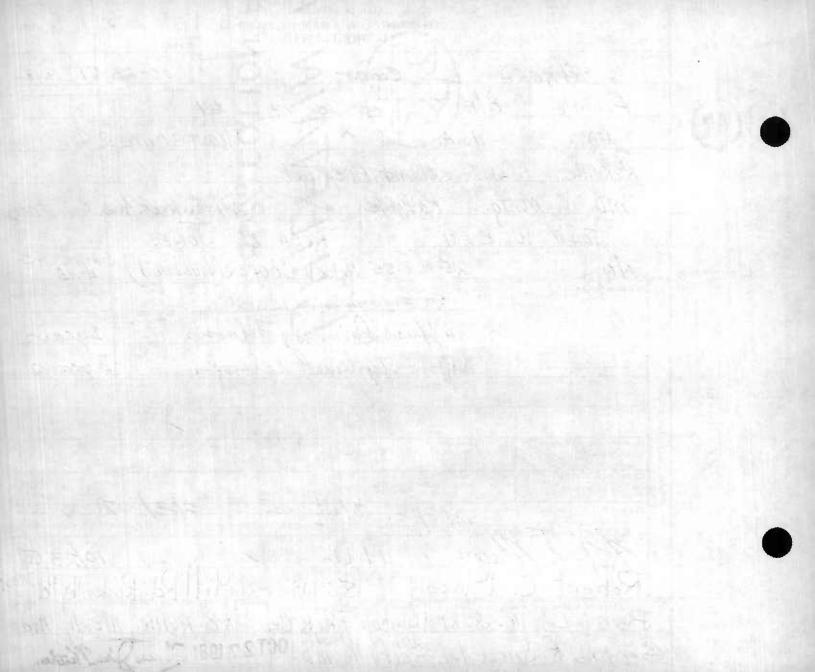
Maya K Kenghe La Püdes/Aintlai F.H. 11600 West Homps histor Ave



	1				STATE OF MARYLAND	O i	63	4 0	1 1
	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 3 REG. 1	6m 10.	0 7	
may be page 3		CEASED NAME FIRST	ner D		cooke	20. DATE OF DEATH		3 /81	26. HOUR 3: 45/4
ge 4 may	3. SE	male	4 RACE White		5. DATE OF BIRTH Sept. 9,1900	6. AGE (IN YEARS LAST B	RTHDAY	FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
eoth. Pog	1	RTHPLACE (STATE OR FOREIGN COUNTRY) anville, Pa.	7b. CITIZEN OF WHAT	COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY		415
by the filed	10 C	ilver Spring	11. NAME OF HOSPI	ITY, GIVE STREET AL	HOME OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST D.C.Fire I	OF WORKING LIFE) INDUSTRY	of Business or an-Retir
filled in ould be	13a.	AL RESIDENCE (IF NURSING OME CONTROL ISB. COU	JNTY 13c. C		DMISSION)	? 13e STREET ADDRESS	Place		
completely 1 and 2 sh		Charles W. Coc		LAST	Martha E.	Stetler MIDDLE	E55	LAS	T
be execu		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) None (IF YES, G	IVE WAR OR DATEST	9 50 12		Cooke(Wife)		s 13e	
quires that the death signed by the attendi hen please remove can to burial, cremation, o ijury, or ather troumat	Z	Conditions, if ony, which gove rise to immediate couse IDI, stating the underlying couse last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRI	CONSEQUEN	myorasdeal	inforction in a contract of the contract of th	ADITION GIVE	13	days
The law rectan. It is been to be been to be been to be been to be been been been been been been been	TIFICATION	190 DATE OF OPERATION	19b. CONDITION	FOR WHICH C	PERATION WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
PHYSICIAN: The ending physicial physicial this certificate the buriol-transit of Amental Hygie d or frem 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINITY OF COURRED		AONTH DAY	YEAR 19 211 LOCATION	URRED (ENTER NATURE OF IN)	JRY IN ITEM IB PA	RT (OR PART 2)	
DING PP or atten After the as the olth and morked	WE	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hose	(AT HOME, STREET, FAC		M, ETC.) STREET	CITY OR T	//3 ,	COUNTY	STATE
OR ATTEN te hospital DIRECTOR: ached for us Dept. of He		sow the deceosed olive on obove, (we) (did) (did)?	/	_	, and that in (my) (our) opini	on death occurred on the o	late and hour	-	
the Destroy		22d PHYSICIAN'S NAME (TYPE	venten	•	M.D. ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	CIAN [10,	13/81
TO HOSPITA retained by TO FUNERA should be do with the Stol		N. Rubenstein		23¢ NA	11161 New	Hampshire A	ve.S.S	.Md.	
70 3 BP		specify) urial	10/15/81		Lincoln Cemeter	CITY OR TOWN	2 pc	COUNTY	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	JNERAL DIRECTOR			N.H.Ave.S.S.Md.	AT Brendwood	256. REGISTR	AP SIGNAT	Land - URE



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/		1	FOR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE O I &	0 7 4 4
1		13	- STATE		CERTIFICATE OF DEATH		
10			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
			ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	o wt	(TY	PE OR PRINT)	21	0		
	ay be ooge 3 death		EINO	RA L	COO DET	10-	23-81 1048
	(o o o	3. 5	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER ! YEAR IF UNDER 24 HRS
	4 400		P	0/0/11	MONTH DAY YEAR	4	MONTHS DAYS HOURS MIN.
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		1	COUNTRY)	WILL COUNTRY	MARRIED NEVER MARRIED	F BALTIMORE CITY OR COUN	IT OF DEATH
	e ch.	1	MD	U.S.A.	WIDOWED DIVORCED	MONTGOM	ERY MD.
		10.0	CITY OR JOWN OF DEATH	11 NAME OF HOSPITAL NILPS II	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
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	THE SP			Twew the body after death	ond mor in () (our) opinion	death accurred on the date and ha	our and from the causes stated
	ha h	3	77h SIGNATURE	WI	DEGREE		22t. DATE SIGNED
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Dr.	1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 1 2	6 9 4 3
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may de	3 SE	X	4 RACE	5 DATE (6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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E 0 E 0 0	PIC.	190 DATE OF OPERATION	1% CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	INCERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
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SICIAN vysician. Sertificat transit prital Hygi Item 18		OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	TIL HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
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ATTEN bital or a ECTOR for use a of Hea		22a I certify that (I) (this hasp saw the deceased alive an	200		2 , 19 8/	death occurred an the date and hou	19_0 /_, that (I) (we) last
		obove, (I) (we) (did) (did no	ot) view the body after death			dediti occurred dii me dare diid nau	22c. DATE SIGNED
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TO HOSPITAL retained by the TO FUNERAL! should be detact with the State E IMPORTANT: I			MARTINEZ,				· · · · · · · · · · · · · · · · · · · ·
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-111	18. CAUSE C	OF DEATH (En	ter anly ane cau	use per line fa	ir (a), (b), and (c).)						APPROXIM	AATE INTE
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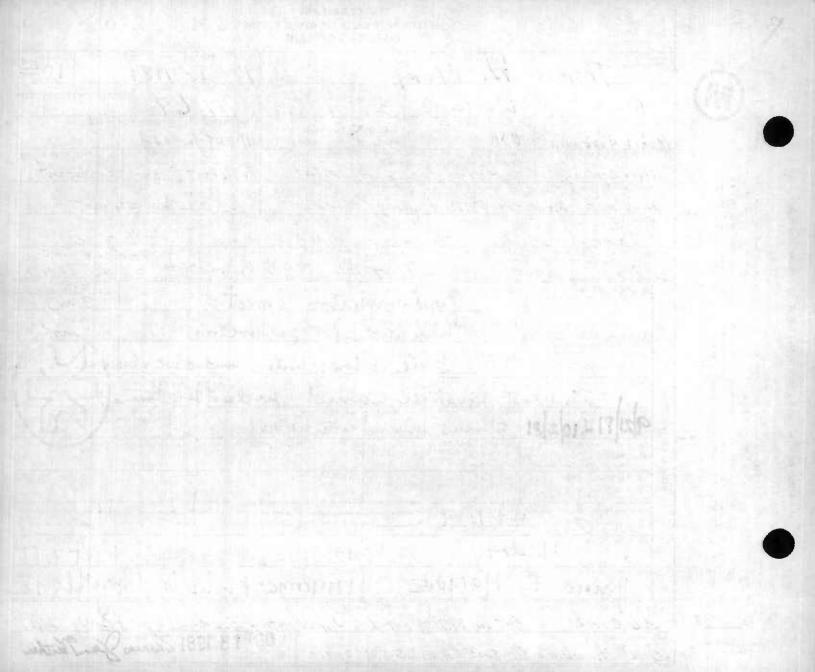
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE KNOWN MONTH (TYPE OR PRINT) ESTI-E S FOR YOUR FILES.

ED, WITHIN 22 HOURS

I.W. PRESTON STREET, J. 1081 Charles Crump DEATH MATED 10/19 4 RACE 3 SEX 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED Sept. 13, 1903 78YRS DEAD Male Cauca. Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED F.1 irginia United States DIVORCED WIDOWED Montgomery SHOULD BE FILED, D. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Title Clerk Bethesda Suburban Hospital Automobile RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Marylan d 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES T NO [] 9941 FORM PM FORM PM GES 1 AND 2 SHO Montgomery Bethesda Mayfield Dr 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME AMIDDLE LAST LAS1 Burton B. Crump Lena Ann Chisho1m 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Marcey APPR5300 Wallbrook DIVISION (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATES! 231-01-9296A No Silver Spring. Court 2-C)Maryland APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d. Mallitus CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, WARDED TO THE CONTROL BE USED BUT US YES NO D 21m EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE GE 4 SHOULD BE FORM: PAGE FUNERAL DIRECTOR: PAGE TER DEATH, WITH THE STATE (NOT WHILE AT WORK AT WORK Inspection A 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inquiry Undetermined manner death resulted from: Suicide Homicide TITLE (SPECIFY) ACTUAL SIGNATURE Bethesda. EXAMINER'S NAME AFTER John G. Ball 7936 01d Georgetown (TYPE OR PRINT) ADDRESS 2 230 BURIAL, CREMATION, REMOVAL 236. DATE UC L. 23d. LOCATION 23c, NAME OF CEMETERY OR CREMATORY Gate of Heaven Cem. Silver SPECIFY) 23,1981 Sprin M. FUNERAL DIRECTOR Robert A. Pumphrey Funeral AR S. REGISTRARIS SIGNAT NAME Homes, P.A., Bethesda, Maryland **DHMH-17** (VR A 15 ME (5)) 15M 2/80



+ STATE

TYPE OF PENULT

REGISTRAR

DECEASED NAME

DHMH - 16:50M 1/81 (VRA 15, 4)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 11 - 2 - 81Mt. Olivet Cem. Washington. D.C. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAL S SIGNATURE Nallev's F.H.Inc. Mt. Rainier. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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REG. NO. 20 DATE OF DEATH 26 HOU

126 KIND OF BUSINESS OR

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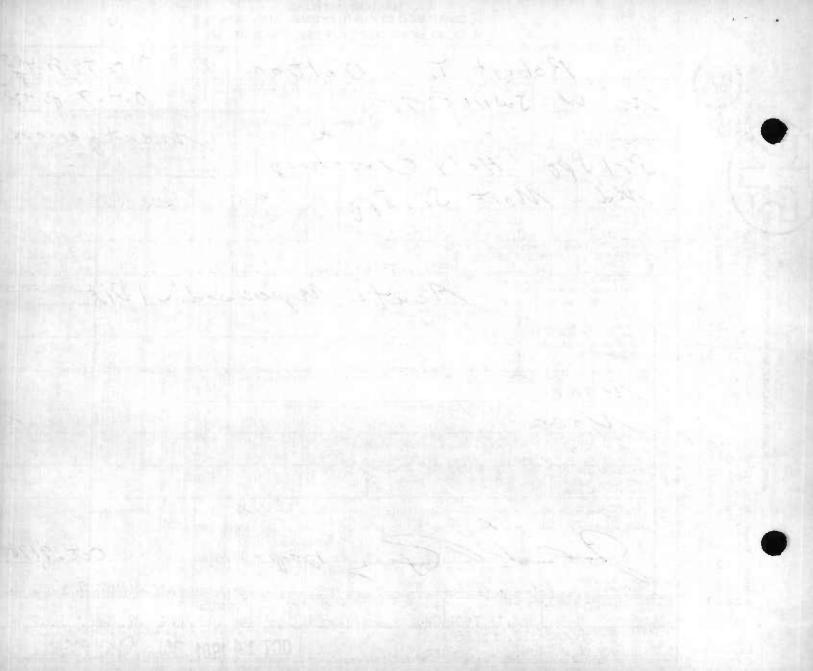
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		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6 4 4 0
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美利期)	3. SE)	4. RACE	5. DATE OF BIRTH 6. AGE (IN YEARS F UNDER 1 YR. IF UNDER 24 HRS. 7. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS FIGURE 1 400 PRONOLLINGED	TH DAY YEAR 24 HOUR
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A FIRST FAN		death resulted from: N	Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	
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	DURS 18. C MIT. P E, DIN		18. CAUSE OF	DEATH (Enter on	ly ane cause per lir	ne far (a), (b), and (c).)		Lastine P				APPROXIA BETWEEN O	NATE INTERVAL
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	NOR WOR	-	EXAMINER'S N	IAME TI							ME		
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFFER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2		(TYPE OR PRIN	T) I NC		mith, M.D.		ADDRESS	Penn St.	Balto.	, ML		
110	AUSA49	23a.B	URIAL, CREMAT Buri	3 6	36. DATE 1981			OR CREMATORY	23d. LOCATION CITY OR TOWN		COUN	TY	STATE
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McGumre Funeral Service,

DHMH - 16 60M 1/75 (VR A 15 (4))

Inc. DDRE 7400 Ga. Ave. NW

Washington, D.C.

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💥

REG. NO

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12b. KIND OF BUSINESS OR

DAYS

STATE

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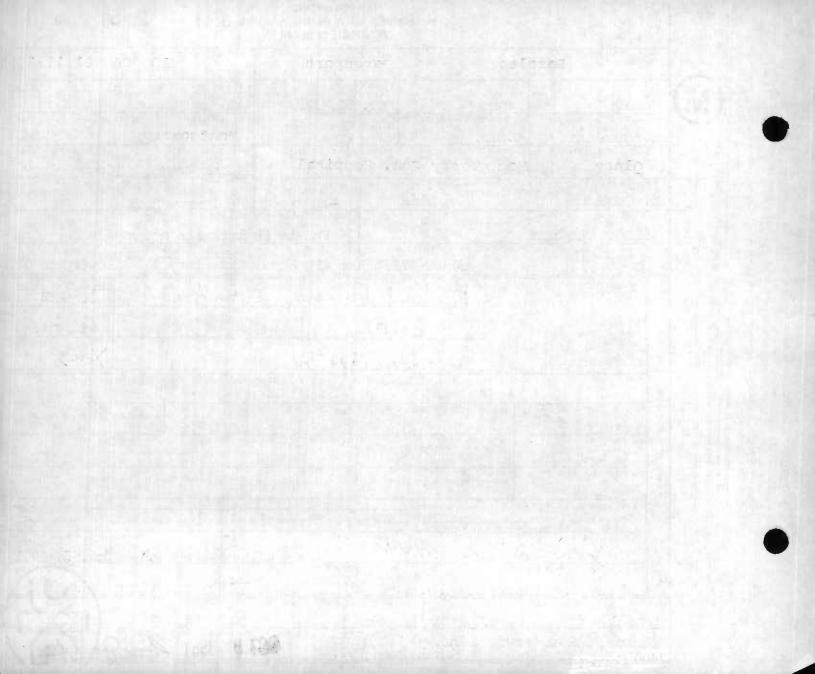
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COUNTY

25g DATE REC'D. BY REGISTRAR

22c. DATE SIGNED

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DIVISION OF VITAL RECORDS,	law requi	CERTIFICATION	19a. DATE OF OPERATION		OR WHICH OPERATION		20a AUTOPSY? 20b. IF Y	TES, WERE FINDINGS	S USED DEATH?
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	he hospital he hospital DIRECTOR foched for v B Dept. of H If Item 21 is		sow the deceosed olive obove, (1) (we) (did) (did 22b. SIGNATURE	d not) view the body ofter de	19, on	d that in (my) (our) opinion	deoth occurred on the dote and h		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours offer deoth, Page 4	
estained by the haspital ar ottending physician.	
TO BLINEPAT DIRECTOR. After this certificate has been signed by the attending abusing and completely filled in by the functed director	
should be detached for use as the burial-transit permit. Then please remove corbanappers. Pages 1 and 2 should be filed within 72 hours offer	
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.	

FOR - STATE

STATE OF MARYLAND	6 4		100	1
DEPARTMENT OF HEALTH AND MENTAL HYGIE	IE Ö	1	Lu	0
CERTIFICATE OF DEATH		REG. NO.		

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3. SE	EX	4. RACE	5 DATE (OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF	UNDER 1 YEAR	IF UNDER 2
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		Georges Edmoi	R TOWN nston	13d. INSIDE CITY LIMITS? YES MO	13e. STREET ADORESS 4807	51 Pla	ce	
14. FA	George M Hu		AST	15 MOTHER'S MAIDEN NA Margaret	L Kirkland		LAS	ST
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	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only ane couse per line for (a),	(b), and (c).)	ebral Theon	4.2		BETWEEN	MATE INTERVA
		DUIL TO OB IC . CO.	ICEOUENICE CT					
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIE
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		PHYSICIAN DIRECTOR PHYSICIAN										10/15/81			
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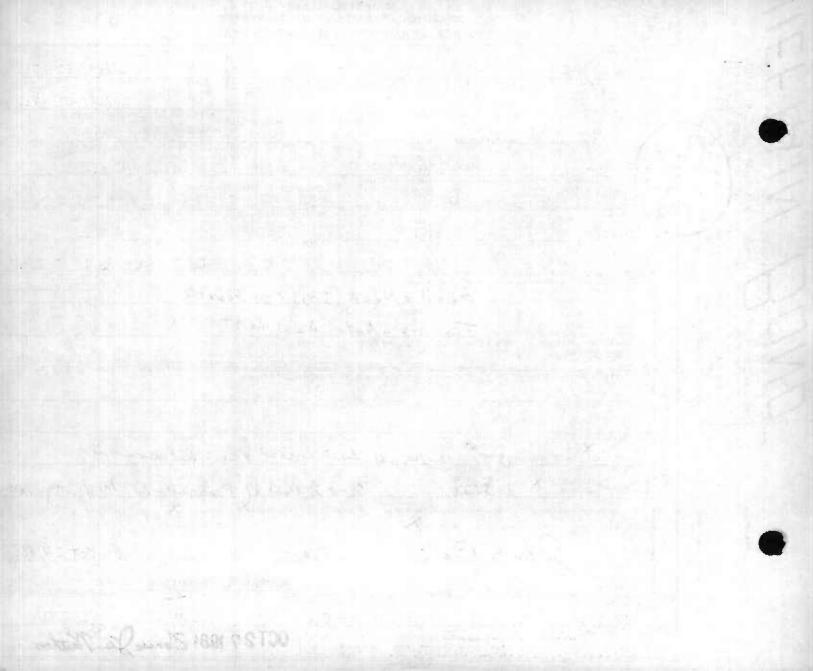
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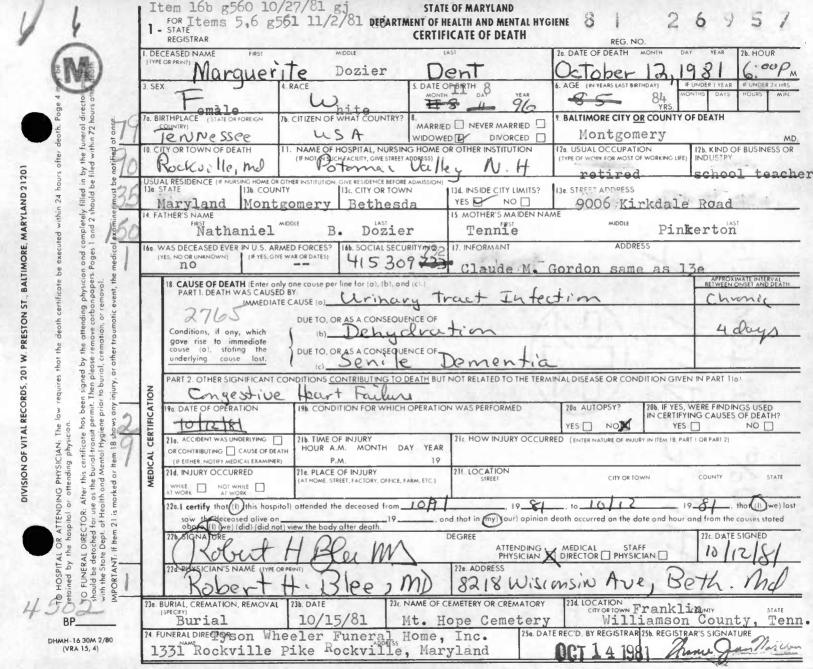
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20 DATE OF DEATH MONTH 26. HOUR TYPE OR PRINTS **PEDRO** 10/13/81 deLeon :20A.M 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HDS IF UNDER 1 YEAR MONTH DAY YEAR Male 29 1897 Oriontal uno To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED XX NEVER MARRIED Montgomery County Philippines WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR Washington Adventist Hospital INDUSTRY Takoma Park Budget Analyst Defense Dept. ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADA COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Washington NO F 6100 Blair Road 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Andros do loon Catalina Varaas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMAN LYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST Mary B. de Leon Wiko No 578-32-5152 18 CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: realion IMMEDIATE CAUSE PRESTON. Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO OR AS A CONSEQUENCE OF 201 W. underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? DIVISION OF VITAL YES A NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY AT HOME, STREET, FACTORY OFFICE, FARM ETC) STREET CITY OR TOWN STATE NOT WHILE CO C.T 220.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on 13 OCT above, (1) (we) (did) (did) for the body after death and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DECSHEI: 22c, DATE SIGNED ATTENDING MEDICAL 10-13-81 PHYSICIAN DIRECTOR PHYSICIAN should be a with the Sta 22e ADDRESS QUINNAMND. 11120 NEW HAMPHIRE AVE 55.2090 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Oct. 16. 1981 Rock Creek Cemetery Burial Francis J. Collins DHMH - 16 50M 1/B1 (VRA 15, 4) 500 University Blvd. W. Silver Spring. Md.

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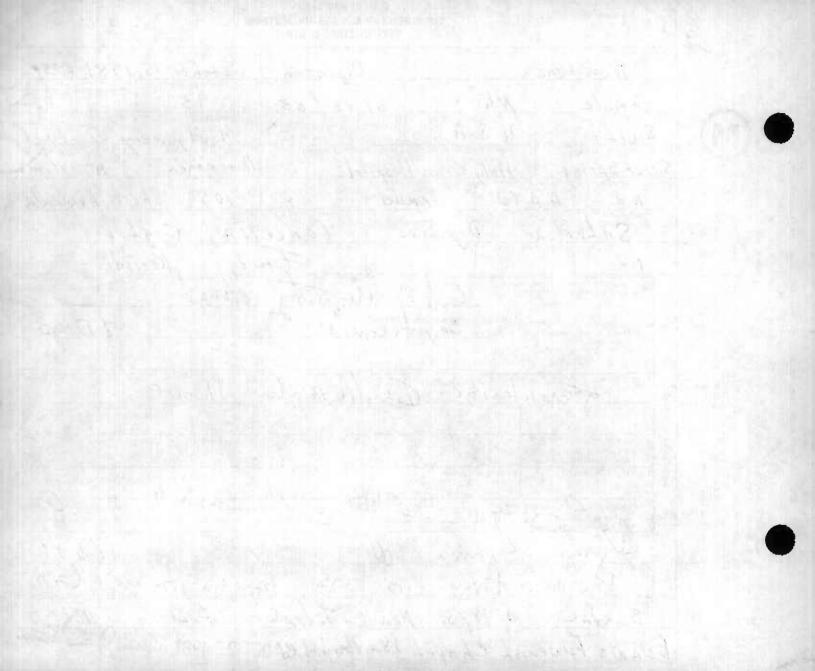
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE AGES 1, 2, AND RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA E3 3 SHOULD BE USED AS BURBAL. "TRANSIT PERMIT. PAGES 1 AND 2.5 HOUL E DEPARTMENT OF HALTH AND MENTAL HYGENE, DIVISION OF VITAL RECORD PRIOR TO BURBAL, CREMATION, OR REMOVAL.		res, no, or unknov		E WAR OR DATES)	213	-66-29	92	JON	ATHAN	H. 1	DEMPSE	y SA	ME AS	S 13 HU.	SBAND
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DIVISION OF VITAL R TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	L	EXAMINER'S		JOHN G. E	BALL				BETHI	ECUI	MADU	LAND			
FOR PAGE	230	TYPE OR PRIN	ION, REMOVAL			NAME OF CE		CREMAT			CATION	LFNIND			
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TO HOSPITAL (retained by the TO FUNERAL should be detowith the State IMPORTANT: If		224. PHYS	BANDAN	now A	yrunin.	and	3720	Fav	mount	the.	ken, al	20795
BP 2 S S S	7.	h BUBLANCE	MATION, REMOV	AL 23b. DATE	8/8/ 236.	NAME OF CE	METERY OR CREMA	ATORY	23d. LOCATION	1/2	COUNTY	1 STATE
DHMH - 16 50M 1/81	2	4 EUNERAL D	RECTOR	11-1	101	12.	AIREARI	25a DATE RE		RAR 256 REG		TURY Cathen
(VRA 15, 4)		FUAN	15 tun	eval C	hafel	8800	HAV ford X	ed oc.	7 23 19	81 614	nces of	~ ····



	FOR 1 - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO.	26960
	1. DECEASED NAME FIRST (TYPE OR PRINT) Timo	thy L.	DIXON	October 15	1981 12:35P _M
(M)	3. SEX Male	4. RACE Caucasian	5. DATE OF BIRTH MONTH Jan. 29 1979	6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN. YRS.
eoth. Po	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) California	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED X	9 BALTIMORE CITY OR Montgomery	
by the further day to the further day to the further day to the further day the further day to the fu	Bethesda	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET ational Naval	G HOME OR OTHER INSTITUTION Medical Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	N 126 KIND OF BUSINESS OR INDUSTRY
filled in by ould be filled in the most be a	13a, STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY George 13c. CITY OR TOW Forestvi		13e STREET ADDRESS 2211 Ramb1	ewood Drive
completely f	14. FATHER'S NAME FIRST John	Dixon LAST	15. MOTHER'S MAIDEN NA	erly G.	Laird LAST
be executed on ond comp s. Poges I on	160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 166 SOCIAL SECU		See item 13	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or ottending physician. After this certificate has been signed by the ottending physician and completely filled in by a sine buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be Tile than and Mental Hygiene prior to burial, cremotion, or removal. On them 18 shows any injury, or other traumatic event, the medical experies must be reported or them 18 shows any injury, or other traumatic event, the medical experies must be reported or them.	PART I. DEATH WAS CAU	ATE CAUSE (0) Cardior DUE TO, OR AS A CONSEQUE (16) Cerebra) DUE TO, OR AS A CONSEQUE	espiratory arrest NCE OF 1 Edema	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e low requires on the permit. Then plane permit. Then plane prior to burn was ony injury, of	PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TER/	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
SION OF VITAL R PHYSICIAN: The Ic ending physicion. this certificate has be buriol-transit per ad Mental Hygiene d or Item 18 shows	OR CONTRIBUTING CAUSE OF C	HOUR A.M. MONTH DA	AY YEAR	RRED (ENTER NATURE OF INJURY I	YES X NO
DIVISION DING PHY Or offendia Use as the bu dealth and M is marked or	AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	Sept. 30 STREET	city OR TOWN	0.1
At OR ATTE the hospito At DIRECTO detoched for Die Dept. of H	saw) the deceased allow obote. (If we) [did] lots 22b. SIGNATURE	n Oct 15 1) view the body ofter deoth.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
HOSPITAL ned by 1 FUNERAL uld be det on the State	22d PHYSIC AN'S NAME (TYPE	EORPRINT) Labow, M. D.	22e ADDRESS		

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Kalas Funeral Home

23a BURIAL, CREMATION, REMOVAL

Burial

Oxon Hill, Maryland

236 DATE

10/19/81

231. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

23d. LOCATION
CITY OF TOWN
Suitland

Md

Burisi 10/19/81 Cedar Hill Cemetery Suitland P.G. No

injury, or other troumotic event,

IMPORTANT: If Hem 21 is marked or Item 18 shows any

STATE OF MARYLAND

*3	6	13	6	- 3
2	0		0	ě

	1	FOR		DEPARTM	NENT OF H	EALTH AND MENTAL HYG	IENE O	. 0	0 .
	1.	STATE REGISTRAR			CERTIF	ICATE OF DEATH	200 110		
	1 DEC	CEASED NAME FIRST		MIDDLE	-	AST	REG. NO.	DAY YEAR	Tarricus
	(TYPE	OR PRINT)		1	D		TO DATE OF DEATH MONTH	DAT TEAR	2b. HOUR
		James		K.	90	bbins	10-	15-81	433 M
	3. SEX	K .	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
٦		Male	whit	0	MONTH		44	MONTHS DAYS	HOURS MIN.
1	of BI	RTHPLACE (STATE OR FOREIGN	7h CITIZEN OF	WHAT COUNTRY?	8	11- 1/	9. BALTIMORE CITY OR COUN		
g	1	OUNTRY)	1)	< A		D NEVER MARRIED			
2	u	est Virginia	U	· 5 · LI ·	WIDOWE			iont.	MD.
7	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING HIPACILITY, GIVE STREET A		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
	Ta	Lkoma Park		1 0 1	sente	al Hosalal	Wire Weave		/>
1	USU/	AL RESIDENCE (IF NURSING HO AE OF	OTHER INSTITUTION	ONE RESIDENCE BEFORE		110	4		- G. 1 - G.
5		laryland W		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	01 +	-
-		taryland W	ash.	" a gars	Duny	YES X NO	266 trederict	of reel	
1	14 (A		MIDDLE	LAST #		15 MOTHER'S MAIDEN NAM	_ WIDDIE	140	ST
		-Atbert	hee	Dobbe	ns	Rosa	Eileon	Grift	fith
		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRESS	Sar	ne as
n	(,	(IF YES, GIV	E WAR OR DATES)	232-58-	0670	Diane L. I	Oobbins (Wife	ahe	ove
						Draite D. I	SOBOTHD ("TTC		
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	D BY:	line for (a), (b), on	and	in Alian	/	BETWEEN	ONSET AND DEATH
		IMMEDIA	E CAUSE (o)		win	iac 14 next			
		4149	DUE TO, O	R AS A CONSEQUE	NCE OF	0 0	6.0	11 111	
		Conditions, if any, which	100		Sis_	. I eual	railure		
		gove rise to immediate couse (a), stating the	1	PA CONSEDUE	lite of		00.		
		underlying couse lost	DUE TO, O	Tes Vellas	ALAM	(nout	Huency		
		DARK O OTHER CICALISIS AND	163	unuen	1	//			
	z	PART 2 OTHER SIGNIFICANT O	ONDITIONS	IN RIBUTING TO D	ATH BUI	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 10	0,
-	CERTIFICATION	winav	1 100	ung c	カムとも	ase_			
/	OA	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH	11	N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDING CAUSES	NGS USED
	Ë	10/6/8/	CO	rouain	ALC	my essease	YES NO	YES 🗌	NO 🗆
1	GE	21a. ACCIDENT WAS UNDERLYING	THE TIME O			HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
1	A.	OR CONTRIBUTING CAUSE OF DEA		M. MODER DA	Y YEAR				
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	Zie PLACE		14	2H LOCATION			
	ME	WHILE NOT WHILE		BET PACTORS OFFICE FA	AMERIC)	319657	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK			0	200	10-16	- 01	
		22a I certify that (I) (this hospi	tol) ottended the	e deceased from_	017	-29 19 81		19 0/	that (I) (we) lost
	111	sow the deceased alive or above, (I) (we) Jaid (did no	t) view the hady	ofter death	or or	nd that in (my) (our) opinion o	deoth occurred on the date and h	nour and from the	couses stated
		226. SIGNATURE	., ties the dody			DEGREE		22c. DATE	SIGNED
		XIcho	1900/-	110-		ATTENDING	MEDICAL STAFF	10-	16-81
-		22d. PHYSICIAN'S NAME (TYPE O	PODINI			PHYSICIAN [DIRECTOR PHYSICIAN		ab .
		0 1-1		,		10 MUDRESS 831	UNIVERSITY	DIVA,	C.
		S-NGMA	TMO	~		DILVER SPI	RING, MD =	20854	20903
	22a B	LIDIAL CREMATION REMOVAL	Task DATE	122. N	ANAC OF C	SALETERY OR CREWATORY	Table LOCATION		

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

10-19-81

White Cemetery

Princeton Mercer

30. BURIAL, SPECIFY)

Burial

24 FUNERAL DIRECTOR
NAME

- 1 9 Rainier Md Nalley's F.H.Inc. Mt.

STATE OF LETTER OF THE SECURITY OF THE SECURIT and the state of the same of t

Robert A. Pumphrey Funeral Homes P/

Montgomery Ave., Rockville, Maryland

750. DATE REC'D. BY REGISTRAR 25b. REGISTR

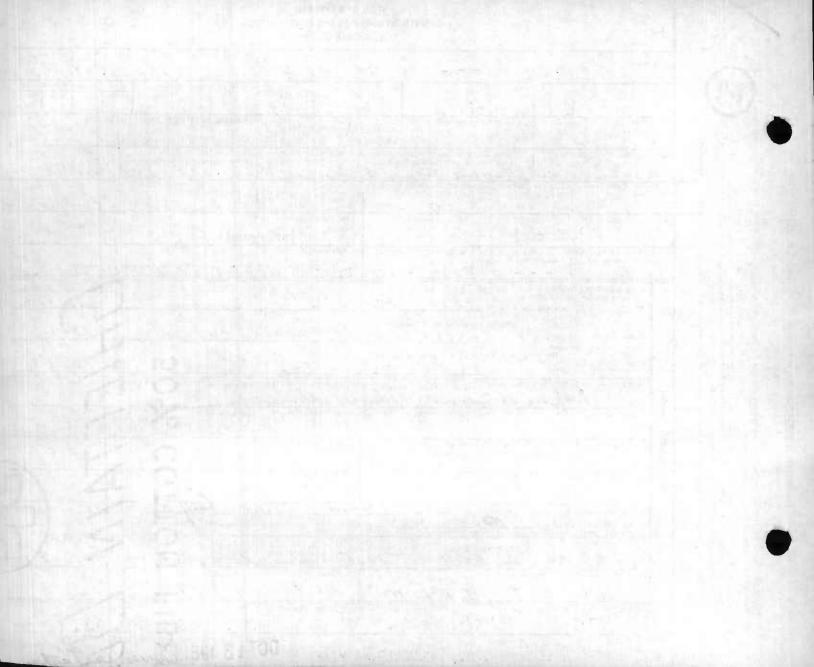
FOR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/8 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	27 - 24-32	110	State of	
Comment thinst	a Hillythol		Sinting	
Call on sent Special Asia	0841 0851 11-12			
Felan Vive Ceranas not solicit				er
nist afficiación sectificada lecalità filos a tom	American Campanist variety	doist.	i denoti	T.



3334 Freedom Place (Not available) Academy St. 196-22-3817, Arline Sobolewski Wilkes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PANCREATIC CARCINOMA WITH JAUNDICE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 100 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO IT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY October sow the deceased alive on October 30.19 81, and that in XX(our) opinion death occurred on the date and hour and from the causes stated above, (Xxxe) (did) (XX), view the body after death. 22c. DATE SIGNED NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER, BETHESDA, MD 20205 Burial lovember St. Nicholas Shavertown Cem. 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P.A. Bethesda, Maryland (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

DAY

YEAR

IF UNDER 1 YEAR

INDUSTRY

2b. HOUR

12h KIND OF BUSINESS OR

Home

- STATE

REGISTRAR

DHMH - 16 50M 1/81

Isradul verment A linds

DECEASED NAME TRAIL TRAI	4	1	FOR STATE REGISTRAR			DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 1	2	6 9	6 :
J. SEX CAUC S. DATE OF BIRTH FORM A 1905 76 MARCH MA	X		CEASED NAME							_		2h HOUR
TEXAS 1. S. CITIZEN OF WHAT COUNTRY WARRIED XI NEVER MARRIED DOVORCED DIVORCED DIVORCED WOOVED DIVORCED TEXAS NATIONAL NUMBING HOME GO CHEER INSTITUTION IN BUSING COUNTRY OF BUSING HOME GOTHER INSTITUTION IN BUSING COUNTRY WASTONIAL NUMBING HOME GOTHER OF BUSING HOME GOTHER INSTITUTION IN BUSING COUNTRY ANNIBARUNDEL BECOME IN RUMBER OF HOSE HAS DECEMBEN WAS DECIDED CITY HUMIS? IN STATE AND ANNIBARUNDEL BECOME IN DIVORCED TO STATE AND ANNIBARUNDEL BECOME TO STATE /					AM, SR.					1981	4:15p	
DEVANT TEXAS U.S. MONTCOMERY COUNTY TO COUNTY OF DEATH TO COUNTY TO C	1	-		4						//		IF UNDER 24 HOURS /
BETHESDA 11. NAME OF HOSPITAL NUSSING HOME OR OTHER INSTITUTION THE USUAL OCCUPATION TORRINA SAUL CACCOMMENSORY TORRINA SAU	80		COUNTRY			WHAT COUNTRY?	MARRIE		1	_		
SUBJECT STATE ST	27	В	ETHESDA	1					120 USUAL OCCUPAT	OF WORKING LIFE	INDUSTRY	
TSAM NORA MEDIE SEBASTIAN NORA	3 5				Υ	GIVE RESIDENCE BEFOR 13c. CITY OR TOV EDGEWAT	E ADMISSION)		13e SIREEL ADDRESS			
The part of the	E	14 FA	FIRST	M	IDDLE	ELAM		FIRST		SEBAST	IAN LAS	ī
18 CAUSE OF DEATH Enter only one couse per line for IoI, (b), and (cc)	0 /2	16a V	VAS DECEASED EVER									
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Small cell carcinoma, disseminated	e m		YES	1924	-1942	228-20-1	.957	KATHERINE N	. ELAM 1514	ARUND		
OR CONTRIBUTING CAUSE OF DEATH (IVE RITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WMILE ALWORK ALWORK ALWORK ALWORK ALWORK	duy	IFICATION							200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	NGS USED OF DEATH
The proof of the property of the proof of th	8 sho	CERT			110110 4		. VE 4.D	21c HOW INJURY OCCURR			L=0/-	NO 🗌
270. I certify that (I) (this hospital) attended the deceased from 19 OCT 19 81 to 26 OCT 19 81 that (I) (I) saw the deceased alive on above, (I) (we) Idid) (did not) view the body after death. 270. SIGNATURE 270. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN CITY OR TOWN 270. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN 270. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN 270. DATE REC'D. BY REGISTRAR 25b. BEGISTRAR SSIGNATION 271. FUNDERAL DIRECTOR 272. DATE SIGNED 272. DATE SIGNED 273. NAME OF CEMETERY OR CREMATORY CITY OR TOWN 273. BURIAL, CREMATION, REMOVAL 23b. DATE 273. NAME OF CEMETERY OR CREMATORY CITY OR TOWN 274. FUNDERAL DIRECTOR 275. DATE REC'D. BY REGISTRAR 25b. BEGISTRAR SSIGNATION 276. DATE REC'D. BY REGISTRAR 25b. BEGISTRAR SSIGNATION 277. DATE REC'D. BY REGISTRAR 25b. BEGISTRAR SSIGNATION 278. DATE REC'D. BY REGISTRAR 25b. BEGISTRAR SSIGNATION 279. DATE REC'D. BY REGISTRAR 25b. BEGISTRAR SSIGNATION 270. DATE REC'D. BY REGISTRAR 25b. BEGISTRAR 25b.	E	CAL										
Sow the deceosed clive on obove, (I) (we) (did) (did not) view the body after death. 27b. SIGNATURE 19	rked or I	MEDI	WHILE NOT WH	HILE []			FARM, ETC.)		CITY OR TO	OWN	COUNTY	STA
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 270 OCT 1 27d PHYSICIAN'S NAME (TYPE OR PRINT) NATIONAL NAVAL MEDICAL CENTER 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 23a. NAME OF CEMETERY OR CREMATORY (SPECIFY) 24 FUNERAL DIRECTOR 25b. DATE Crownsville 27c. DATE SIGNED 27c. DAT	is mo				l) attended th	e deceased from_			, 10		· — — ·	that (I) (we
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	m 21		abave, (1) (we) (c	ed olive on bid) (did not)	view the body	ofter death.			death occurred on the c	late and hour	and from the	couses state
22d PHYSICIAN'S NAME (TYPE OR PRINT) N.S. MILLER, LT, MC, USN PATIONAL NAVAL MEDICAL CENTER 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN CITY OR TOWN COUNTY			226. SIGNATURE S	SMI	10.				MEDICAL STA	FF _		
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN CITY OR TOWN COUNTY PAGE 10 PA	Z-		22d PHYSICIAN'S NA						DIRECTOR PHYSI	CIAN	27 0	C1 190
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN SUITE 10-29-81 Crownsville V.A. Cem Crownsville V.A.	PORT		M.S.	MILLE	R, LT	MC, USN		NATIONAL NAVA	AL MEDICAL	CENTER		
_ BUTIAL 10-29-81 Crownsville V.A. Cem, Crownsville N 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. BEGISTRAR SSIGNATOR	₹	23a. E	URIAL, CREMATION,		23b. DATE	23c. 1			CITY OR TOWAL		COUNTY	67.7
781 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 BEGISTRAR SEIGNAT	-		Burial		10-29	9-81 (rowns		m C			Md
Hardesty Funeral Home 12 Ridgely Ave. Ann. Nd. GCT 29 1981 Zances	/81			0 + = 0 +1		ADDRESS		25a. DATI	T 29 1981			Marth

- STATE

TYPE OR PRINTI

REGISTRAR

FIRST

201/PHYSICIAN'S NAME (TYPE OF PRINT)

23a. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

Gordon S. Rosenberger, M.D.

23b. DATE

Oct. 30, 1981

DECEASED NAME

Alvin L. **EVANS** Oct. 27, 1981 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Jan. 16° 1925 Male White 56 Ja. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED ENEVER MARRIED Maryland Montgomery Co. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH INAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION cal 12a. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Rockville Shady Grove Adventist Hospital Principal Medi 13a. STATE 12217 Major Dr. 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Montgomery Maryland Germantown NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDOLE Daniel Evans Mary 00 ADDRESS m 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) ohn 215-20-6447 Wilma E. Evans. Item 13 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY ARREST IMMEDIATE CAUSE (0) Dr DUE TO, OR AS A CONSEQUENCE OF ETRICULA Conditions, if ony, which A S gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse +HROM BOSIC T 020NBT. 0 20 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/2 ppr. CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION ō 21e. PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE JUNE October 220 I certify that (1) (this hospital) attended the deceased from OctoBER 23 10 8 sow the deceased alive on and that in (my) (mr) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22 SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT

MIDDLE

DHMH-16 30M 2/80 (VRA 15, 4)

Should be with the St

NAMOlin L. Molesworth, P. A. Damascus, Md.

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Monacacy

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250, DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Beallsville, Montg.

310 W. Montgomery Ave., Rockville, Md.

23d LOCATION

REG. NO

26. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

IMMEDIATE

IF LINDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

Thomas

COUNTY

22c. DATE SIGNED

Oct.28,1981

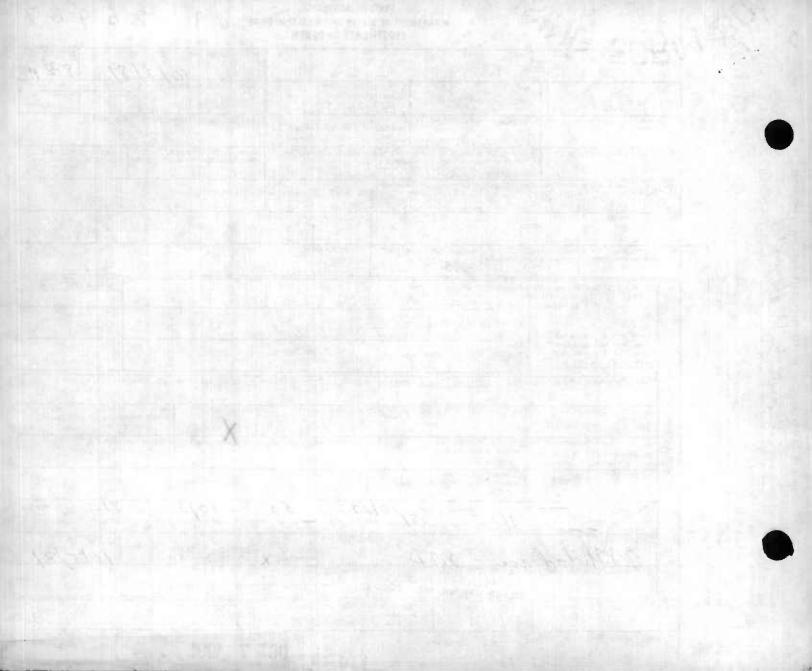
School

2a. DATE OF DEATH MONTH

nivia et. 11, 1201 250f . of . mc . de o I e 6 harre. for in the form of the control of th of Livings 15181 cjon r. awatara da yanartana barigara million of the second 66.10 [1] 138 Land 1 2 21 -24 - 247 Lill 2 3 Liver, 1 200 13 Lill 2 19.1.91 During co., of 1 conseccy entitle, cons., ed.

lin L. Molteworte, E. ., Dalamoun, id.

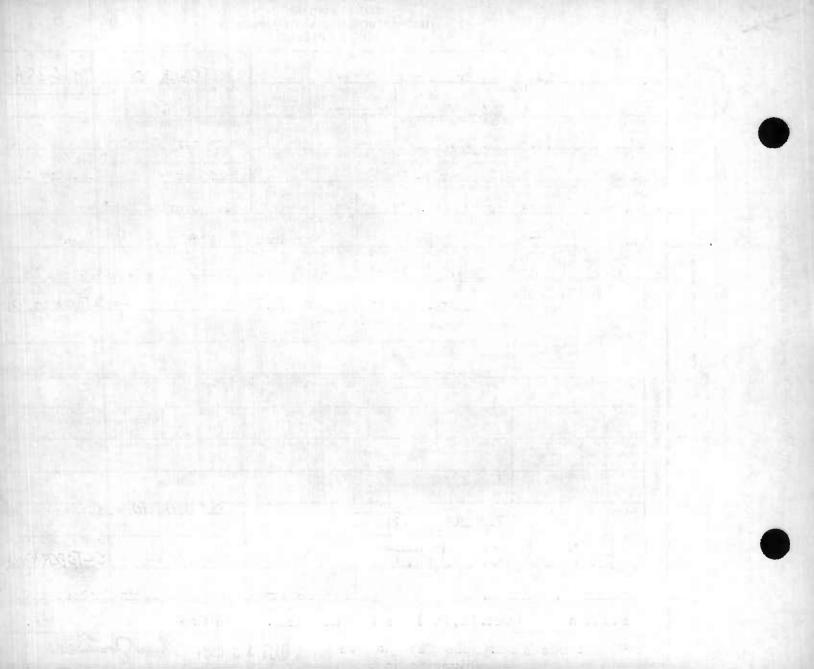
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR LAST 2R. DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT) GENE EVANS VANA 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR HOURS CAUCASIAN FEMALE 1908 SEPT YRS BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR FOREIGN LOUNTRY MARRIED NEVER MARRIED COUNTRY) MONTGOMERY NEBRASKA WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOLY CROSS HOSPITAL REPORTER SILVER SPRING USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
136 STATE 136, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 220 WHITMOOR TERRACE MONTGOMERY SILVER SPRING MARYLAND YES 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST VICTORIA MIDDLE CLEMISH JOHN CHARLES VANA Μ. 17 INFORMANT 3200 SON WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 213-48-0558 ROBERT J. EVANS KENSINGTON. NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY RECENT MYOCARDIAL INFARCTION IMMEDIATE CAUSE (o) OR AS A CONSEQUENCE OF CORONARY ARTERY DISEASE Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO T 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENVER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) **71h TIME OF INJURY** HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21R PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 27a.1 certify that (1) (this hospital) attended the deceased from, and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated saw the deceased alive an obove, (1) (we) (did not) view the body after death 22c DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OR PRINT) A. F. THIBAL 22R ADDRESS 10111 COLESVILLE RD. SILVER SPRING, MARYLAND 20901 SILVER SPRING, MD. 23d LOCATION CITY OF TOWN SPRING 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) MONT GATE OF HEAVEN BURIAL 10/6/81 FRANCIS J. COLLINS REGISTRAR 250, REGISTRARS SIGNAPARE THE 24 FUNERAL DIRECTOR **DHMH-16 25M** 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 (VRA 15, 4) 1/79



					STATE OF MARYLAND	14	1 1 0
			FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	GIENE 8 2	6 1 6 6
			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	m #	1.	DECEASED NAME FIRST	LAST			DAY YEAR 26 HOUR
p p	offer death			RLEE, JACOB	S Amiss	10-1-81	820p M
a.	0 0	3.	SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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Second Second	72 hours	70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
S S	E C	5	VIRGINIA	11.5.A.	WIDOWED DIVORCED	MONT GOM 5	RY MD.
Las	J with	1 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR FE) INDUSTRY
de s	le le	17	AKOMA PK	WASHINGTON	ADUENTIST HOS	RETIRED.	L/ INDOSTRI
22	d in	~ U	BUAL RESIDENCE (IF NURSING HOME OF	DR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	13. STREET ADDRESS	
13	filled bould b	5	VA. PAI	RFAX FAIRE		130. STREET ADDRESS 8520 CREST U	IEW DR
2	2 st	14	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
7 2	completely 1 and 2 st	8		W. RACER	hueu c). Jenkin.	
20	Poges 1	16	WAS DECEASED EVER IN U.S. A			ADDRESS	
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	g physical property of the physical phy			ATE CAUSE (o)	roloty arres		ul ha
275	or re		14360		IFACE OF	0 1	701115
C 2	ove c		Conditions, if ony, which	DUE TO, OR AS CONSEQUE	no vascelor	accident	
e e	y the ottend re remove co cremotion, o ther troumot	1	gove rise to immediate couse (a), stating the	DUE TO OR AS A CONSTITUTE	IENICE OF		1. 1610
Po o	by C. cr		underlying couse lost	(c) ath	ieros devosis		9413
es L	9 0 5				DEATH BUT NOT RELETED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN INPART 110
ed f	The Thirt	7	HMal +	ib, Vent	u ectopy	gree cut	
3	permit ne prior	5	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
the lion.		7					S NO
S IAN:	certificate priol-transit entol Hygie frem 18 sho	2	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART 1 OR PART 2)
B P P	S certification of them 1	1 3	OR CONTRIBUTING CAUSE OF DE	AIR	19		
C PHYS	or or	Total A	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE,	21f LOCATION	CITY OR IOWN	COUNTY STATE
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2 5 5			22a I certify the (1) this hosp	oital) attended the deceased from.	10-1. 19 8	L. to 10 -1	19 , that we lost
TTE	217		and Abertales and Alberta	ot) view the body ofter death.	, and that in (my (our) opinion	death occurred on the date and hou	ir and from the couses stated
oR A bos e hos	DIREC oched Dept.		22b. SIGNATUR	t - 1 / har	DEGREE		22c. DATE SIGNED
Al O	4		JOM L	tora m	ATTENDING PHYSICIAN	MEDICAL STAFF	10-1-8
SPIT d by	111 B (0)		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS 244	Iniversile &	here w.
O HOSPI	TO FUNERAL should be de- with the Stote		JOITN L	FORD	Tiver	Coring Om	2 20907
To	Or share	23	PURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	MILLOCAYON	
BF)		Surial.	10-2-81 H	parael Com	Lillorgan	COUNTY
	- 16 50M 1/81	24	FUNERAL DIRECTOR		25a. DAT	The second secon	RAR'S SIGNATURE
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35	1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 REG. NO.	26969
		DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	
e Pe		A11An	Bradshaw	Fav	OCTOBER 16	0 198 625Am
ou A A	3 5		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 FIAIT		Male	White	February 24,1905	76 9	MONTHS DAYS HOURS MIN.
0 0 0 1	7 a	BIRTHPLACE STATE OR FOREIGN 7h	CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COL	UNTY OF DEATH
de oth.	7 1	Vashington. D.C.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery Co	inty MD
0		CITY OR TOWN OF DEATH 11	NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
offer and a second	D	Bethesda	6116 Overlea Ro		(TYPE OF WORK FOR MOST OF WORK Engineer	D.C. Gov't.
212C	US	UAL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFORE	(DAISSION)		1 D.O. GOV C.
ND 24 h 24 h	In.	STATE 136 COUNTY			13e STREET ADDRESS 6116 Overlea	Poed
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J with plets and 2	12	FIRST		FIRST	MIDDLE	LAST
RE, MA ecuted d comp es l on	160 IA0	Allen Brad	shaw Fay D FORCES? 166 SOCIAL SECUR	Margaret ITY NO. 17. INFORMANT	Ashby	Lyle
IMORE, e execu	100	(YES, NO OR UNKNOWN) (IF YES, GIVE W	R OR DATES)			1 7 11 11 111
LTIIN lon rs. P	-	NO N/	A 579-60-76		16 Overlea Roa	d, Bethesda, Md.
ST., BALT strificate b g physicia an papers. emaval. event, the		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	V			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertificer		IMMEDIATE C	CAUSE (a) Carcinoma	of the Lung (1970	5)	>04018E101981
STON eath ce tendin e carb on, ar		1627	DUE TO, OR AS A CONSEQUEN	ICE OF		
deat deat deat deat deat rove roum		Conditions, if any, which	(b)			
W. PRE: not the d by the of sse remoti cemoti		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUEN	ICE OF		
01 W		underlying cause last.	(c)			
S, 2	7		NDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
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bow records been so be	0 3	190. DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
TALRE The forcion.					YES NO	YES NO
N OF VITAL RE SICIAN: The lo ng physicion. errificate has errial-transit per ental Hygiene, Item 18 shows	Ü	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE.	M 18, PART 1 OR PART 2)
HYSICIA nding ph nois certifi buriol-sti d Mental	1 4	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
PHYS ending this c	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	21f. LOCATION	CITY OR TOWN	COUNTY STATE
DIVISI DING PP or offer the eas the offth and	2	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFFICE, FAI	RM, ETC.)	CHYORIOWN	STATE
DO O E		22a.1 certify that (1) (this haspital)	ottended the deceased from C	ctober 1 19 81	to OCTORER I	D, 19 8 , that (I) (we) last
OR ATTEN e hospital DIRECTOR: oxhed for us Dept. of He		saw the deceased alive an	CTOBER 19 8		death occurred an the date one	d hour and from the causes stated
DR ATTE haspite ined for lept. of i		abave, (1) (v.e.) (did) (did hat) v 22b. SIGNATURE	iew the bady after death.	DEGREE		22r. DATE SIGNED
the the Poly		Kulkank	MILOTOMIT	ATTENDING	MEDICAL STAFF	OCTOPED IDIOO
ERA FRA Stot		22d. PHYSICIAN'S NAME (TYPE OF PR	IN TOWNS	PHYSICIAN [DIRECTOR PHYSICIAN	10-1004 (10,110)
FUN He bild b			10 to			
TO HOSPITAL OF retained by the ITO FUNERAL DIS should be detach with the State De IMPORTANT: If IMPORTANT: IMPORTANT: IF IMPORTANT: IM	1	Richard W. Holt			ir Road, N.W.,	Washington, D.C.
5800	230	BURIAL, CREMATION, REMOVAL Cremation		edar Hill Crem.	23d. LOCATION CITY OF TOWN Suitland	P.G. Md.
BP	2.0		Ch. 12, 1701 C			
DHMH - 16 50M 1/76	24	FUNERAL DIRECTOR W. W. Chambers	Co. 8655 Webre	via Ave	REC'D. BY REGISTRAP IN RE	4 Chamilasis
(VR A 15 (4))		AA . AA . OTTOTTTOETS	Silver Spri		T 9 1381	-CU



		1	FOR				E OF MARYLAND	g	1 9	6 9	7 0
	- 5	1	- STATE REGISTRAR		DEP		IEALTH AND MENT		i tos		
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	d co			IN U.S. ARMED FORCES	? 16b. SOCIAL	SECURITY NO.	17. INFORMANT		o S. Glen		
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SALT	sicio sicio pers rol.		18 CAUSE OF DEAT	H (Enter only one couse p	er line for (a), (b	o , and (c1.)		1,000			ATE INTERVAL
	rtific phy on po emov		PART I. DEATH W	VAS CAUSED BY: IMMEDIATE CAUSE (a)	Carde	ic Ur	rest			5m1	nutes
NO	ding arba or r		5789		ORAS A CONS	EQUENCE-OF	1 0 00				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	uires igne en pl	7	PART 2. OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	HE TERMINAL DISEASE	OR CONDITION GIV	VEN IN PART I (a	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENT
CERTIFICATE OF DEAT

- STATE REGISTRAR			DEFARIN	CERTIF	ICATE OF DEATH	OIENE S	REG. NO.		
I. DECEASED NAME	FIRST	9-1	DILE	L	AST	20 DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR
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3. SEX		RACE		5. DATE C	OF BIRTH	6 AGE INYEA	ARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
female		whit		Jan	-00	73	- 100	MONTHS DAYS	HOURS MIN.
Ja. BIRTHPLACE (STATE O	R FOREIGN 7b		HAT COUNTRY?	8		9. BALTIMOR	E CITY OR COUNT	Y OF DEATH	
COUNTRY)		TTO			D NEVER MARRIED				
Pennsylvar		USA NAME OF HO		WIDOWE	D DIVORCED D	12a USUALO	ontgomery		OF BUSINESS OR
			ACIUM, GIVE STREET		1 + + 11-	(TYPE OF WORK	FOR MOST OF WORKING L	FE) INDUSTRY	
Rockville USUAL RESIDENCE IN NU	PSING HOME OF OTH	mary	ONOVE	uni	en1121 1103/	4 hou	sewife	ho	me
130. STATE	136 COUNTY	13	CITY OR TOW	'N	13d. INSIDE CITY LIMITS?	13e STREET A	DDRESS		**
Maryland	Montg	omery F	Rockvill	le	YES 🔀 NO 🗌		le Drive		
14. FATHER'S NAME	MIDI	DIF	LAST		15 MOTHER'S MAIDEN NA	AWE	MIDDIE		
John	Benja		Schwa	ab	Jane	C	atherine	Steve	nson
60 WAS DECEASED EVE	R IN U.S. ARME	D FORCES? 16	S SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
		1	4					· <u></u>	
18 CAUSE OF DEA	TH (Enter only o	ne couse per lin	e for (a), (b) one	dici	1 7	1		BETWEEN	IMATE INTERVAL ONSET AND GEATH
PART I. DEATH	IMMEDIATE C	-	Laure	- KR	na Hail	ure			
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600	/	DUE TO, OR A	S A CONSEOUR	NCE OF	hd 0	Ahar	056 00	031-4	
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couse (o), stot	ing the	DUE TO, OR A	S A CONSEQUE	NCE OF	VaginoCL	ITENO)	-CDlown	CHIS	tula
underlying cous	e lost.	(c)			0				
PART 2. OTHER SIG	NIFICANT CON	PITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDITION GIV	VEN IN PART 1	0 '
& Sept	icem	ia . H	n pote	engions	n . Status	Soi	zure.		
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Sept 19a. DATE OF OPER.						YES 🗆		FYING CAUSES ES 🏻	OF DEATH?
21g. ACCIDENT WAS U	NDERLYING	21b. TIME OF I	NILIRY		21c HOW INJURY OCCUR				NO
			MONTH DA	YEAR	THE VIOLENCE OF COOK	(ENIER NAIC	IKE OF INJURY IN HEM IS	PART I OR PART 2)	
(IF EITHER NOTIFY MED		P.M.		19					
OR CONTRIBUTING LIFE EITHER NOTIFY MED		21e PLACE OF	FACTORY OFFICE, F	ARM FTC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
AT WORK NOT W	ORK				//				
22a certify that ((this hospital)	ottended the	deceased from		9/10/1/10	10	1015	10 81	that (I) (we) los
sow the deceo	sed olive on	101	5 10	81 00	d that it (my) (see aprinion	geoth occurred	on the date and ha		
22b. SIGNATURE	(did) (did not) vi	ew the body of	ter deoth						
220. SIGNATURE	13/	0	0		DEGREE ATTENDING	MEDICAL	STAFF	22c. DATE	SIGNED
MON	Co	an	1	- ju	ATTENDING PHYSICIAN	DIRECTOR	PHYSICIAN [10	1218
22d HYSICIAN'S N	AME (TYPE OR PR	INT)	0		22e ADDRESS		, t	200/851	rille
SAMU	ist.	w. C	HANG	- M	h 70010 I	richor	· Alle 1	411	
22- PUDIAL CREATION	DEMOVAL IV	201 DATE	17/109	1011	V, a 1 T	10011000	100	PL	
23a. BURIAL, CREMATION		23b. DATE			EMETERY OR CREMATORY	23d. LOCAT		COUNTY	STATE
Burial		10/8/81		Harr	isburg Cemet		arrisburg		
24 FUNERAL DIRECTORS			neral F				GISTRAR 25b. REGIS		
1331 Rocky	rille P	ike Roc	kville.	Mar	yland Of.	T8 10	181 France	. (V. 0	With
							WI WILLIAM	2 Many	RUREN

DHMH - 16 50M 1/81 (VRA 15, 4)

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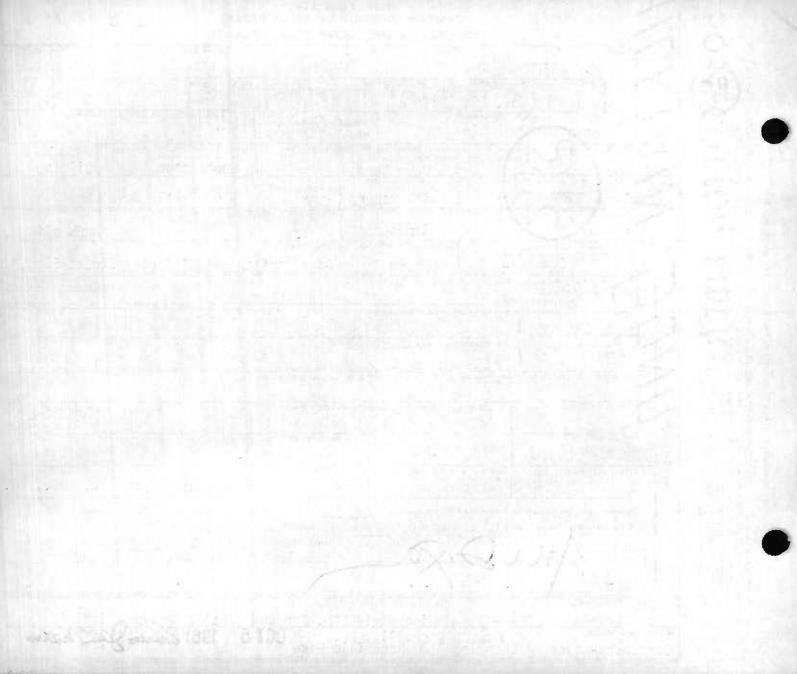
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DHMH - 16 60M 1/75 (VR A 15 (4))

	1.	FOR - STATE REGISTRAR	MEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	26972			
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	ONTH DAY YEAR 26 HOUR			
		DINAH		ELDMAN		W 1 = 81			
1	3. SE	× Female	4. RACE White	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHO	MONTHS DAYS HOURS MIN			
1	70 BI	IRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	10 9 95	- 9 BALTIMORE CITY OF COUNTY OF DEATH				
67		ew York	U.S.A.	MARRIED NEVER MARRIED WIDOWED NORCED	Mtg. Co	unty			
00	10 CI	Silver Spring	N 126. KIND OF BUSINESS OR WORKING LIFE) INDUSTRY						
35	USU, 13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c CITY OR TOW Silver S	N 13d INSIDE CITY LIMITS?	3624 Glene	agle Drive			
60	14 FA	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N FIRST	AME MIDDLE	LAST			
	()	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE Unkn.	MED FORCES? 166 SOCIAL SECU 093-03-4		ADDRES	5			
		PART I. DEATH WAS CAUSE	Ily one couse per line for (a), (b), one D BY: TE CAUSE (a) CONGES		FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	and Brands	CARCINON	AT 3YEARS			
		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF GASTROINTESTING	AL HEMORR	HAGE 3 YEARS			
, A 10 lan	NOI	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDI	FION GIVEN IN PART 1/01			
9	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \bigcup \text{NO} \bigcup \text{NO} \text{NO} \qu			
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)			
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
		saw the deceased alive on	tol) attended the deceased from 19	and that in (my) (aur) apinion		19_81, that (I) (we) lost e and hour and from the causes stated			
		Enger P.	Dlane	MO ATTENDING PHYSICIAN	MEDICAL STAFF	1112			
1		EUGGNE P	FLANNERY	10111	NCE PHILL				
	23a. E	BURIAL, CREMATION, REMOVAL REMOVAL	23b. DATE 23c N	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE			
	24 FU	Anatomy Board	Balto Md.	100	T 2 0 1981	REGISTRARS SIGNATURE			

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X		FOR STATE REGISTRAR			DEPARTMENT OF	OF HEALTH		1	S I	2 REG. NO.	6	***	7	3	
		CEASED NAME	FIRST		MIDDLE		LAST DATAM		OF	NOWN D	MONTH	DAY	YEAR	2b. HOUR	
Z Z	3. SE	M. JOSEPH			FELDMAN 16. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE					MATED X	10 MONTH	DAY DAY	81 YEAR	M 2d HOUR	
			MC NI	ov. 29,	YEAR LAST BI	YRS.		MIN:	PRONOUN	CED	10	2 1	, 81	12:3	
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ELAY IS N TO THE PL PAGE 5 BE FILED.					IN SUCH FACILITY, GIVE STREET ADDRESS) FOI				UAL OCCUP MOST OF WORK Ontrac	ATION (TYPE (OF WORK	125 KIND OF BUSINESS OR INDUSTRY Building			
m=ox	USU	L RESIDENCE (IF IN N	URSING HOME OR OTH	ER INSTITUTION, GIV	E RESIDENCE BEFORE ADA	MISSION)	13d. INSIDE CITY LIMIT						,	,	
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JRS AFTER J. GAVE PA S. GAVE PA WITH FOR		NO 18 CAUSE OF DEA	TH (Enter only and	e cause per line	unknowr		I Jane Pai	TLZKY	; 1001	. Spr II	ig st	APPR	OXIMATE	NIERVAL	
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# FOR HA		- '-			ribed abave, held o	Suicide X	sy Inspe		Inquiry		in my ap	inion			
KAAM IN BEC WITH ARYL		death resulted fra	M: Natural ca	uses [],	Accident,	Suicide X	, Hamicide L TITLE (SPECIFY		termined mai	nner,					
AL MAN		ACTUAL SIGNATURE	M	M	XX	M			ICAL EXAMI	NER	DATE SIGNEI	10	-2-8	31	
TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTO FATER DEATH, WITH THE BALTIMORE, MARYLAN	-	EXAMINER'S MAME	Ann	M. Dixo	n/M.D.		ADDRES	111 Pe	nn St	•					
DA A DE A B	23a.8	URIAL, CREMATION,					R CREMATORY	CITY	OCATION OR TOWN		COUN		STA	TE	
BP	74. F	Burial UNERAL DIRECTOR	1 10	-4-81			lem. Gard		Falls REMODAR	Church	RR S	rgir	ia		
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3	1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1	2 6 9	7 6
(M		CEASED NAME FIRST E OR PRINT) MIKKEL	MIDDLE	FRANDSEN	2a. DATE OF DEATH	27/1981	26. HOUR 4.35 AM
	3. SE	* M	4. RACE White	5. DATE OF BIRTH MONTH DAY PEAR JOY 10 10 10 10 10 10 10 10 10 1	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
200	70 B	IRTHPLACE (STATE OR FOREIGN SOUNTRY) DENMARK	76. CITIZEN OF WHAT COUNTRY?		_	COUNTY OF DEATH	MD
	10. C	KOMA PARK	11. NAME OF HOSPITAL, NURSIN NOT IN SUCH FACULTY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDIPESS) TOT HOSPITAC	12a. USUAL OCCUPATI		GOUTE GOUTE
od//	130.	AL RESIDENCE (IF NURSING HO) ISSTATE	THER INSTITUTION, GIVE RESIDENCE BEFORE ITY I3(. CITY OR TOW NASHING	ADMISSION) N 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	ECOND ST. N	,
S A	_	ATHER'S NAME	MIDDLE FORMAN	15. MOTHER'S MAIDEN N	AME MIDDLE	1AS	
gedico!	160	NAS DECEASED EVER IN U.S. AR YES, NOOYUNKNOWN) (IF YES, GIN	MED FORCES? 16b. SOCIAL SECU	IRITY NO. 17. INFORMANT	ADDRE SOLLAR	6713 2nd S7	- 1/1/A
18 shaws any injury, ar oth	CERTIFICATION	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	200. AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS USED OF DEATH?
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arked or the	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TO	WN COUNTY	STATE
Hem 21 is ma			tal) attended the deceased from 19 19 11 view the bady after death.	DEGREE		22c. DATE	
IMPORTANT: IF		22d PHYSICIAN'S NAME (TYPE C	P. KANNA	22e ADDRESS	DIRECTOR PHYSIC	er spring, n	27/8/ 10 2091
<u>¥</u>		BURIAL CREMATION REMOVAL		JAME OF CEMETERY OR CREMATORY	23d. LOCATION OF OR TOWN	lo mon/	Smit
)	24 F	UNERAL DIRECTOR	William settler	WALL OF THE	2730°1987°2	ASI. REGISTRARIS SIGNA	arther !

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	1.	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8	2	6 9	7 7
		CEASED NAME	FIRST		WIDDLE	ye	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
			IMONE		NMN	FRAN	KLIN	OCTOBER 2	1.9A	1.	0420
(RA)	3. SE		M	4. RACE		5. DATE O		6. AGE (IN YEARS LAST B	RTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS
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La Maria Po		FRANCE			D STATES	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1 1 1	10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSI		R OTHER INSTITUTION	12a USUAL OCCUPAT	ION		F BUSINESS O
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e execu		YES. NO OR UNKNOWN)		WAR OR OATES)	227-48-9			RANKLIN 2815		FSTER I	ΙΔΥ
is that the death ce ed by the ottending please remove carb rirol, cremation, or or other troumatic		Conditions, if any gove rise to imm cause (a), statir underlying cause	nediote ig the lost	(b)_ DUE TO, (c)_	DR AS A CONSEQU	PENCE OF					
equire n signi Then p to bu injury,	NO	PART 2. OTHER SIGI	NIFICANTO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	rminal disease or con	IDITION GIVE	N IN PART 10	
he low rion. I has been it permit. I hows only	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	DITION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
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NG PHYS offer this thand M briked or	MEDICAL	71d INJURY OCCUR	IKE 🗀		OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
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by the how the how the how the how the detached State Dept ANT: If then		22b. SNG BATURE	-87	nene	SIMP		DEGREE ATTENDING PHYSICIAN		LFF CIAN	22c. DATE S	a .
tained by O FUNERA nould be de orth the Stat		BRIAN	WE (TYPE OF	STRA	NO		NNMC ,	SETHESDA,	MD	2001	4

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

BURTAL 24 FUNERAL DIRECTOR 472 N WASHINGTON ST PEARSONS FUNERAL HOME

Oct 23 81

23b. DATE

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

250. DATE REC'D. BY REGISTRAR 250. RECATRAR'S SIGNATURE OCT 2 3 198

23d LOCATION
CITY OR TOWN
CITY

NORTH CA

BRENDAL

230 NAME OF CEMETERY OR CREMATORY

THE WAR HE WAS 19-14-01 × Bunk H Wall Proof day Anziers SHAM.

Jos.Gawler's Sons, Inc. 5130 Wisc. Ave, NW-Wash, DC

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

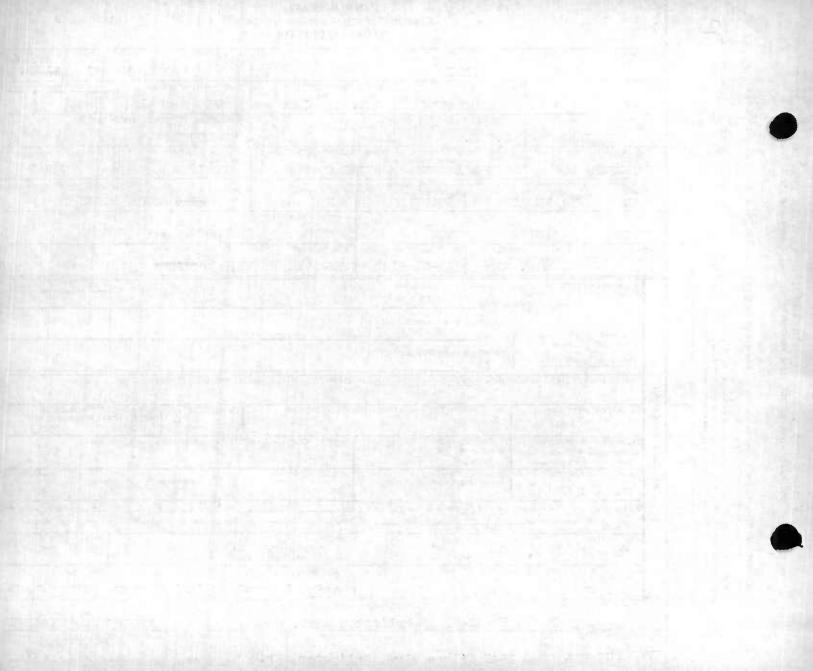
CERTIFICATE OF DEATH

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y be	(TYP	E OR PRINT) WAR	REN JEFFREY	FI	RAZIER	OCTOB	ER 12	,1981	26 HOUR 10:20
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TTENDIN pitol ar TOR: Afi far use a of Health		22a.1 certify that (I) (this hospi	october 12 19	SEPTI 81	MBER30 pg 81 and that in (my) (our) opinion d	to <u>OCTOBE</u> death occurred on the do			not (1) (we) lost
TAL OR A ry the hos RAL DIREC detoched tote Dept. VI: If Item		22b. SIGNATURE	of a conse		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FANT	22c. DATE S	IGNED
HOSPI bined b FUNEI buld be th the Si		Barry L	ORPRINT) Gause	91-	22e ADDRESS NATION	AL INSTIT	UTES	OF HE	ALTH 20205
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DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FI	Homes, P.A.	rt A. rumphrey	Fun	eral 250005	REQUEST AND THE STRAN		Jestendle	N DV

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7	may be page 3 r death		JOSEPH	DAVID		'RETZ	OC		9, 81	2105p M
11	E G	3. SE		4 RACE	MONT	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHO		IF UNDER 1 YEAR	R IF UNDER 24 HRS HOURS MIN
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oided orig.death rec'd 10/81 keep this one bivision of vital Recorbs, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201	24 hou	13a. :	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY HUM.	ITY I3c CITY OR	TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 9 F PAST S	ANDY	HILLS	East
thi	within within d 2 sh		ATHER'S NAME	~		15. MOTHER'S MAIDEN NA				
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WO W	on and on s. Pages			. II 263-01	-6148	HELEN E. FRE	TZ, 721 SAME.	oth S	st, Arli	ington, Va.
81 BALT	ificate b physicial npapers. maval.		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and (c).)				APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEATH
ST.	certificate ng physici banpapei r remaval.		PART I. DEATH WAS CAUSE IMMEDIATE	TE CAUSE (a) RESPI	RATORY	ARREST				
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l d	death attendi ave co rition, o	-	Conditions, if any, which		CA OF I	UNG				
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de S	been mit. I	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WI	TICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	Ob. IF YES	, WERE FIND	INGS USED S OF DEATH?
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oided	PHYS ending this compared and Median don its	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	EICE EARM ETC.)	21f LOCATION	CITY OR TOWN		COUNTY	STATE
DI C	DING P or offer Affer the os the olth one	2	WHILE NOT WHILE AT WORK	(ALTIONE, SIREET, FACTOR), OF	FICE, FARM, ETC.)					JIAIL
>	a g g E		220.1 certify that (I) (this haspi saw the deceased alive an	tol) attended the deceased fr	om OCT.	12, 19 81	OCT. 19,		18 81	, that (I) (we) last
	Pire for of 1		saw the deceased alive an above, (I) (we) (did) (did no	t) view the bady after death.	19 <u>01</u> , c	nd that in (my) (our) apinion	death occurred on the date	and hou	r and from the	e causes stated
	ho h		22b. SIGNATURE	V CTMC.		DEGREE		12	22c. DAT	ESIGNED
	SPITAL OF THE SPITAL OF THE SPITAL OF SPITAL OF TANT: IF		Millier M. Va	u Mer usik		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	N		
	HOSPITAL bined by the FUNERAL build be dering the State PORTANT:		22d PHYSICIAN'S NAME (TYPE O	R PRINT)		22e. ADDRESS				
	TO HOSPITAL Cretained by the TO FUNERAL Dishould be detacted with the State DimPORTANT: If		DR. VAN NESS	, LT, MC, US	NR	National Nav	al Medical (ente	r, Bet	hesda, Md
	7 6 F 2 8 8	230.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
			BIIDTAT UNERAL DIRECTOR	10-22-81	Arling	ton Natl. Cem.			NGTON,	
	DHMH-16 60M 1/73	24 F	UNERAL DIRECTOR	ADDRES	s	25a. DAT	E REC'D. BY REGISTRAR 25	. REGIST	RAR'S SIGNA	JURE
	(VR A 15 (4))	IV	ES FUNERAL HOME	2847 Wilson	Blyd, A	rlington, VaN	UV 5 1981	-	as Va	Marthen



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 2 6 9 8

CERTIFICATE OF DEATH

REG. NO.

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST Steph	en Oliver	Ga	ines	October 25		12:10
3. SEX Male	4 RACE White	5. DATE O	DAY _ YEAR _	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	
7d BIRTHPLACE (STATE OR FOREIGN COUNTRY) Nebraska	76 CITIZEN OF WHAT COUNTI	RY? 8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORECITY OR CO	OUNTY OF DEATH	^
Bethesda	11. NAME OF HOSPITAL, NUR NOT IN SUCH FACILITY, GIVE STI Linical Cen		OR OTHER INSTITUTION NIH ethesda, Md.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Retired teac	ORKING LIFE) INDUSTRY	OF BUSINESS O
Nebraska Nebraska	OR OTHER INSTITUTION GIVE RESIDENCE BE UNITY 13c. CITY OR TO Doniph	OWN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS BO	x 22Q	
	liver Gaine	es	15. MOTHER'S MAIDEN NA Genevieve	WE	Sams	ıst
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 16b. SOCIAL SI 5 08-01		Mrs. Colea	ta Gaines (me as tient
PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING 1			20a AUTOPSY? 20	ON GIVEN IN PART 1 III. IF YES, WERE FIND! CERTIFYING CAUSE:	INGS USED
OR COLUMN THE THE CHIEF PAR	EATH HOUR A.M. MONTH		21c HOW INJURY OCCUR	YES NO	YES X	NO [
OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFI	CE, FARM, ETC)	.211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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120 COMEN	Lippman	1111)	PHYSICIAN [22e ADDRESSNatio Clinical C			lealth 20205
23a. BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	27 Oct., 1981		emetery or crematory	23d LOCATION CITY OF TOWN Alexandria	COUNTY	Virgin

DHMH - 16 50M 1/B1 (VRA 15, 4)

Metropolitan Funeral Service, Alexandria, Va.

NOV 0 2 1981 Frances Lan Nathon

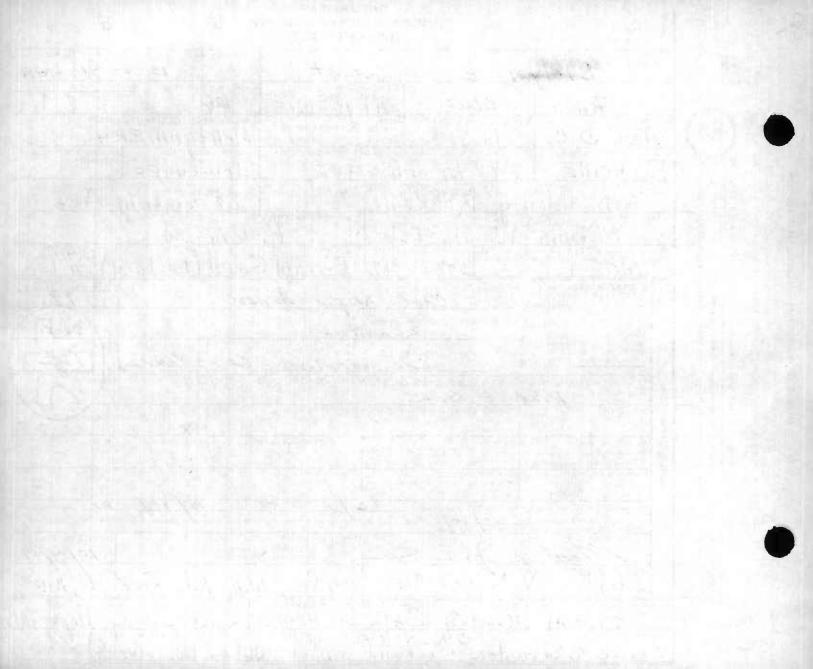
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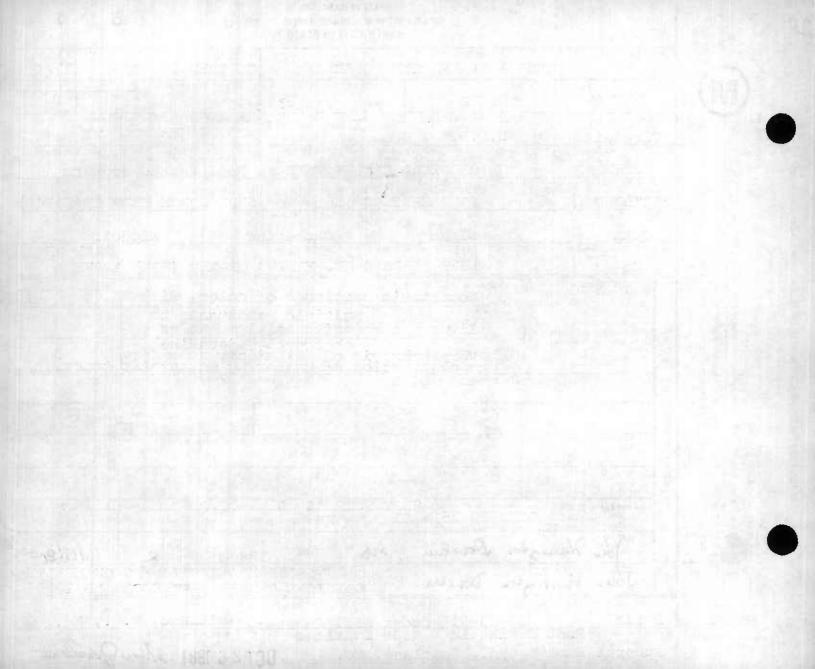
STATE OF MARYLAND

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8		1.	FOR STATE REGISTRAR			EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO	2 6	984
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	nay be page 3	3. SE	DYCI	4. RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTH	9	R IF UNDER 24 HRS
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	od H. P.	7a. B	STATE OR FOREIGN	76. CITIZEN OF WHAT CO	MARRIE!		Montan	MERY	MD
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ARYL	within and 2 sh	14. F/	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	U	AST
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BALT	physicion physicion poper mayal.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per tine for (c	o), (b), and (c).)			BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
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RES	tro attion		Conditions, if any, which gove rise to immediate	(b)	INAN	ITION			we.
≥	that the d by the ease rem al, cremo		couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	CARCIA	OMATOSES -	CA. 05 PA	NCR BAS	1 yes.
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DIVISION OF VITAL RECORDS,	w pringp	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATION	N WAS PERFORMED		20b. IF YES, WERE FIND IN CERTIFYING CAUSE	S OF DEATH?
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ISIA	or often After th After the ie os the alth ond marked o	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	RY, OFFICE, FARM, ETC)	STREET	CITY OR TOW	N COUNTY	STATE
۵	NDIN I ar R: Af use o tealth		22a. I certify that (1) (this hospi	tal) attended the decease		- 1 19 53	10_10	20/ 1981	, that (I) (we) lost
	Spite Spite Spite of h		sow the deceased alive on above, (I) (we) (did) (did no	t) view the body ofter deo	th. 19 or	d not in (my) (our) opinion	death accurred on the dat	e and hour and from the	e couses stated
	OR PER		22b. SIGNATURE	. 0		DEGREE ATTENDING	_MEDICAL STAFF		E SIGNED
	- + - + o -		274 PHYSICIAN'S MAME ITHER	1 June		PHYSICIAN [DIRECTOR PHYSICIA	AN D	5/20/01
	HOSI HOSI HAP The DRT.		Stephen /	V. JONES	MD.	809 Veirs	Mill Rd.	Rockville	MD
17	Of Shake		URIAL CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY /	A I STATERA
/ /	BP		DURIAL	10-24-81	GATE	OF HEAVE	N Silver	Spring !	lonta IIID.
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2222 Wisconsin Ave. N.W

Funeral Home

STATE OF MARYLAND

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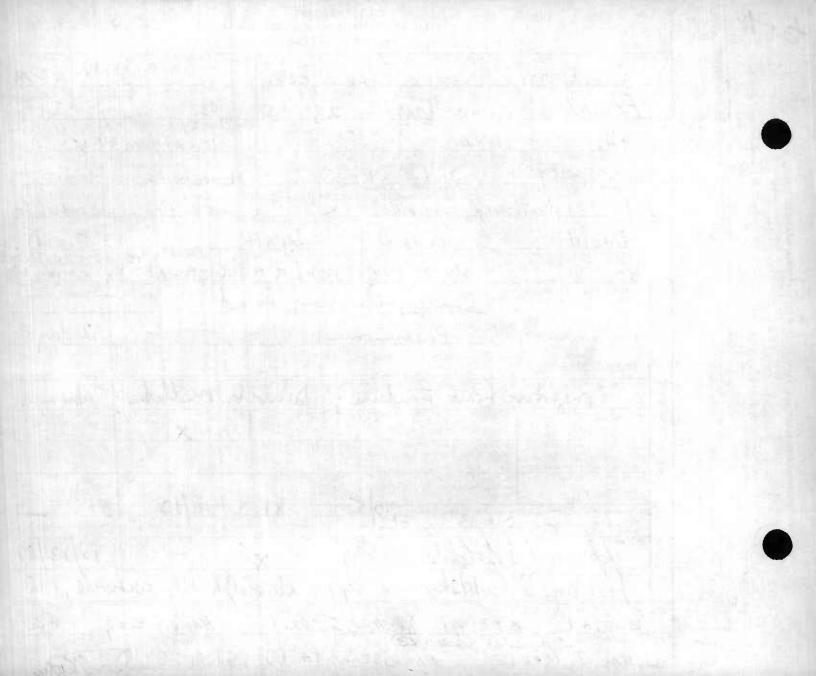
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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17	1	STATE OF MARYLAND	0 1 0 0
76		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN	
		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEA	ATH REG. NO.
	T	I. DECEASED NAME FIRST MIDDLE LAST	20. DATE KNOWN MONTH DAY YEAR 76. HOUR
W	700	(TYPE OR PRINT)	DEATH MATED DE CONSISSION STATEMENT
S 9 4 9 5	10	11008 Goldberg	10,61, Yew
2000	即	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 4 HRS. LAST BIRTHDAY) MONTHS DAYS HOURS MIN.	2C. DATE MONTH DAY YEAR 2d HOUR
2000	2/	1= W Sept. 2013/68. YRS.	DEAD OCT 11 1907 A M
NA SEE	7	70 BIRTHPLACE (STATEOR 76 CIVEN OF WHAT COUNTRY?	9. BALTIMORE CITY OF COUNTY OF DEATH
兴美安 主	24/	FOREIGN COUNTRY) MARRIED NEVER MARRIED	14 -4-
Z 2 10 23	> 1 - 1	Washington, DC USA WIDOWED □ DIVORCED □ DIVORCED □ DIVOR TOWN OF DEATH □ NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 1120 USI	1 - Conogomery MD.
LAY IS O THE PAGE PRICED	200	ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVES TREET ADDRESS) 120. USI	JAL OCCUPATION (TYPE OF WOR) 126 KIND OF BUSINESS OR INDUSTRY
A POR	SOS		cretary(Ret) A.F. of L.
D. 21201 IF ANY DELA 2, AND 3 TO 3 3. RETAIN PA	SO ZO	JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
S NOTION	075 "		EET ADDRESS
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MD M	5/	A FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME	MIDDLE LAST
DEATH.	100	Morris Adler Rebecca	Kaminesky
TIMOR TER DE FORM FORM	7 1 1	66 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 117, INFORMANT	ADDRESS
BALTIMORE, MD. 21201 JRS AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND: WITH FORM PM 3. RETA WITH FORM PM 3. RETA MINISTORY PAGES 1, AND 2 SHOULING	<u>o</u>	No (IF YES, GIVE WAR OR DATES) 217-32-1980 Paula Katz: 10	202 D D C. 151
L., BALI URS AF WITH I	<u> </u>	Tauta Nacz, 1	002 Ruppert Dr., Sil.Spg,Md.
HOURS M 18. G WG WII	٥	18 CAUSE OF DEATH (Enter only one cause per line for (1/b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST., ITHIN 24 HOU! CIL IN ITEM 1B. VER ALONG W.	AL.	MMMEDIATE CAUSE (0) It cut a Myocz	a en () as
5 2 2 3 3	MENTAL HYGIE N, OR REMOVA	DUE TO, OR AS A CONSEQUENCE OF	0
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A AMERICA	Z O	couse (o) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF	
S PERSE	SZ OO	(c)	
DIVISION OF VITAL RECORDS, 201 W. PREST S CERTIFICATE SHOULD BE EXECUTED WITHIN RITING THE WORD "PENDING" IN PENCIL IN RDED TO THE CHIEF MEDICAL EXAMINER A S 3 SHOULD BE USED AS A BUSHAL-TRANIST PROFESSION OF THE MEDICAL AND MERIAL-TRANIST PROFESSION OF THE MEDICAL AND	CREMATION,	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
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D BE E	20	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER	
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SIER STER TO TO	₹ Q	UNDERTYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.)	
DIVISI IS CER! /RITING RADED GE 3 SI	2 -	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET STREET	CITY OR TOWN COUNTY STATE
	28	AT WORK AT WORK	
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Z Z E WALF	2 2	(SPECIFY) CITY	OCATION COUNTY STATE
BP		Burial 10-12-81 King David Mem. Garden	Falls Church Virginia
		74 FUNERAL DIRECTOR NAME ADDRESS ROCKVILLE, Md. 125 DATE ROC'D) BY	198 TRAR
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IMPORT,

(VRA 15, 4)

MEDICAL

FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINT)

Male

Ga (COUNTRY)

TO BIRTHPLACE (STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, STATE 136, COUNTY Md

160 WAS DECEASED EVER IN U.S. ARMED FORCES

Louis S. Goolsby

(IF YES, GIVE WAR OR DATES)

10 CITY OR TOWN OF DEATH

KOCKU1262

14. FATHER'S NAME

(YES, NO ONOKNOWN)

3. SEX

charles

	DEPARTA	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH		2 :G. NO.	6	ÿ	9	Ì
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es	m	G00	Isby		10	14	81	102:	3AM
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Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	6 1110
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CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK

22a | certify that (I) (this haspital) attended the deceased from saw the deceased alive an_ and that in (my) (our) apinion death occurred an the date and haur and from the causes stated

226. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN

PHYSICIAN 22d. PHYS CIAN'S NAME (TYPE OR PRINT 224 ADDRESS LANC

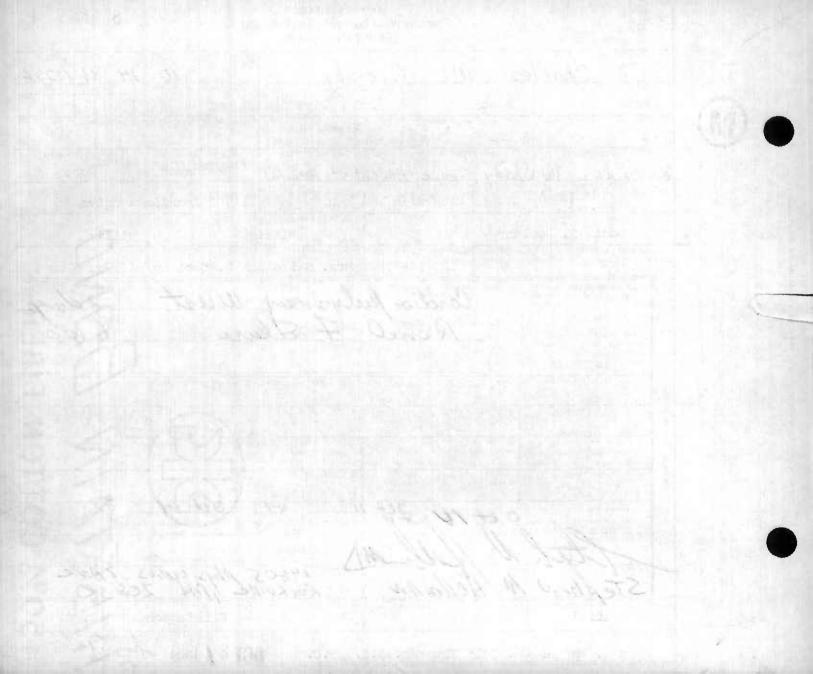
23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial 10-17-81 Rock Creek Washington, COUNTY D. C.

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 RECONRAR'S SIGNATURE

John T. Rhines Co., 3015 12th St., N.E., D.C.

DHMH - 16 50M 1/81

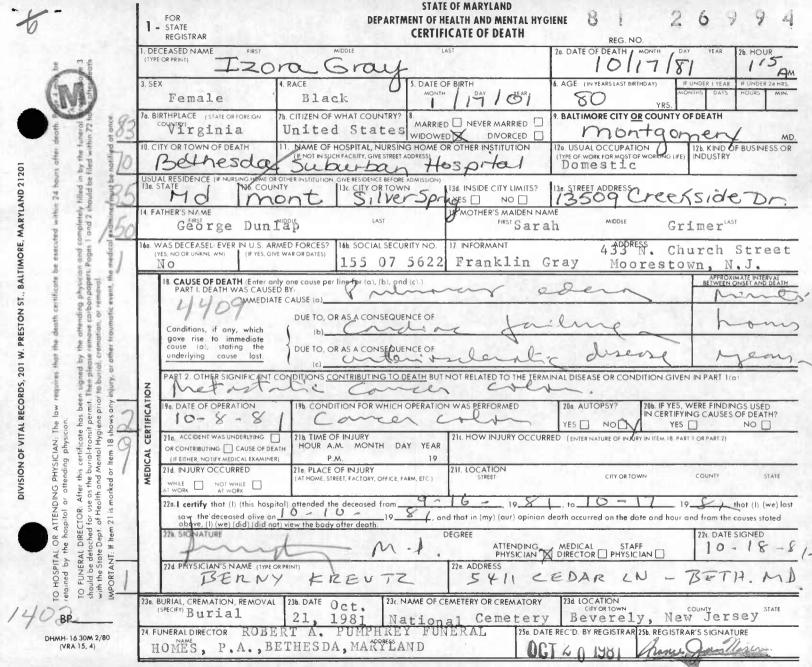


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(VRA 15, 4)

STATE OF MARYLAND

Sentence of the mitted, and the state of More Park broffen . A. . CONTRACTOR OF THE PROPERTY OF



300 W. MONTGOMERY AVE. ROCKVILLE MD. 20850

DIVISION OF VITAL RECORDS, 201 W.

(VRA 15, 4)

STATE OF MARYLAND

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10/24/81

Ave., N.W. Wash., D. C.

FOR

REGISTRAR

DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH MONTH 26 HOUR 1981 October 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 MR ONTHS DAYS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery 12b. KIND OF RUSINESS OR INDUSTRY SCHOOL Elementary 120 USUAL OCCUPATION Principal 323 Bradley Ave. 15. MOTHER'S MAIDEN NAME MIDDLE Alford ADDRESS Elizabeth Burnside, Niece. Same as item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE , and that in (my) tourn opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Oct.20,1981

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

POPE CEMETERY Joseph Gawler's Sons Inc.

SNEADS FLORIDA

STATE

(VRA 15, 4)

DHMH - 16 50M 1/81

Burial Transit

5130 Wisc.

24 FUNERAL DIRECTOR

13hr . US madored . 14fr -tid XX . A. B. U Toring Houses the Leis In tente VI JEO CE Conville otomo Uniter United One Part of the second fero't C million d. colfiin colfiin 207-75-0 10 Missonth Aumaile, Mede. Suse on item 13 Total for the first of the firs ration D. column conviling No. 111 H., columnia, No. MINE , ALTER YEARS CARE - MENEY OF CHARMEN CONTROL comeph de ler's ons Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 20 DATE OF DEATH MONTH DECEASED NAME OTympia P Grillo 10-21-81 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** MONTGOMERY 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY INTERIOR DECORATOR 611 WHITTIER STREET, N.W. LANZA SAME AS 13 DAUGHTER PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

DHMH - 16 25M

(VR A 15 (4)) 9/74

(SPECIFY) BURIAL 24. FUNERAL DIRECTOR FRANCIS J. COLLINS

10/26/81

500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

ARLINGTON NATIONAL

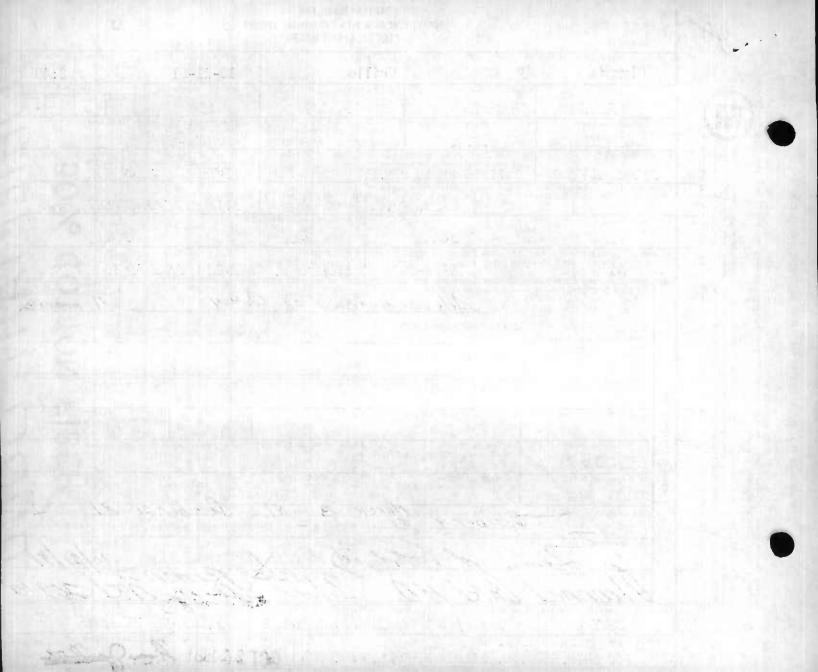
ARLINGTON, VIRGINIA

STATE

STATE

COUNTY

250. DATE REC'D. BY REGISTRAR 251-PEGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 28 DATE OF DEATH YEAR 26. HOUR (TYPE OR PRINT) 3 SEX AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAYS HOURS 7a BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | NASH., D.C. MONTGOMERY WIDOWED X DIVORCED | 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE ANDOLPH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 130 STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MONTGOMERY WHEATON 3804 HOAMS YES | 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES, GIVE WAR OR DATES! (YES, NO OR UNKNOWN) OBERT C. GRIMES 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS CONSEQUENCE OF gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20h. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? DECERTIFYING CAUSES OF DEATH? NOT YES [NO [210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 220.1 certify that (I) (the house) attended the deceased from_ deceased alive an O-Ch 19
(b) (we) (did) (did not) given the body after death. 10 8/ and that in (my) (aprilian death accurred on the date and hour and from the causes stated NATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN SICIAN'S NAME TO BE OF PRINT 22e ADDRESS PH WALLACE BETHESDA. MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION, REMOVAL VIRGINIA CREMATION METROPOLITAN CREMATORY 10/20/81 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE **DHMH-16 25M** 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 (VRA 15, 4) 1/79

Level conduced The p was a first and the former and of graph Kind Kladan Tah and English TOTAL OLD THE ACTOR

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Kenneth 61050 28 actober 3 SEX S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH Male 23 58 Caucasian Th CITIZEN OF WHAT COUNTRY? 18 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED XNEVER MARRIED Pennsylvania United States WIDOWED montgomeru NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF Personne Ture) Bechtel Pockville Skady GOVE Adventist SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Montgomery Gaithersburg YES XI 8205 Exodus Drive NO | 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hugh Clara Grose S. Newman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Wife Yes no or unknown) 193 16 9377 Nancy H. Grose same as item 13 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY PERITON 1 WELK MAMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF COLOTOMY POLYPECTOMY IWEEK Conditions, if ony, which GASTRECTOMY gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse DAYS 12 (CIASTRIC HEMORRHAGE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o CERTIFICATION MICRONOBULAR CIRRHOSIS . ACUTE RENAL FAILURE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Crastrointestinal Hemorrhage 10/20 NO [] 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART L OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY OFFICE, FARM ETC) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from_ sow the deceosed olive on 10/28 obove, (1) (wo) (did) (did not) view the body ofter deoff . 19 81 ... and that in (my) (and) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED should be detor ATTENDING & FUNERAL DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MEDICAL CENTER DRIVE -ALAN N. SCHULMAN , M. Y SUITE 404 ROCKVILLE MY. 20850 230. BURIAL, CREMATION, REMOVAL 236. DATE OCT. 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 31,1981 Dallas, Warden Cemetery 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL DHMH - 16 50M 1/B1 (VRA 15, 4) HOMES, P.A., ROCKVILLE, MARYLAND

DIVISION OF VITAL RECORDS,

The State of the Company of the State of the TEMPLE SAME STANDED STANDED STANDED The New York of the State of th Mind I made and some some of the little of the sound 5464 BI FIRE ChiRIE WITH 1400 MON STATE (SAME) SELECT OF THE MEN OF STATE STATE MONTH Example Contract To June County Contract Contrac THE SOLD EVENING THOUGH IN INCHEST DIE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH

							REC	G. NO.		
		CEASED NAME FIRST		MIDDLE	- 1	LAST	20. DATE OF DEAT	H MONTH	DAY YEAR	2b HOUR
V		EDITH	NMN	HAMILT	ON		OCTOBER	26, 19	81	9:24 am
F	3 SEX	X	4. RACE		5. DATE C		6. AGE (IN YEARS LA		IF UNDER 1 YEAR	
	f	ema1e	CAUC		NOVE	MBER 7, 1903	77	YRS	MOINTHS DATS	HOURS MIN.
1	7e. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY	OF DEATH	
2		ORFOLK, VA	USA		WIDOWE		MONTGOME	RY COUN	TY	MD.
P	10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCU			OF BUSINESS OR
/	Bl	ETHESDA				AL CENTER	Homemake		E) INDUSTRY	
1		AL RESIDENCE (IF NURSING 1886)		GIVE RESIDENCE BEFORE		A 124 INICIDE CITY HAVITCO				
2		IRGINIA FAIR		FALLS C		13d Inside City Limits?	13e. STREET ADDRE	CID DR.	FALLS	S CHURCH.
1]4 FA	THER'S NAME				15. MOTHER'S MAIDEN NAM	ME		,	VA,
Y	11.	ARRY WRIGHT	WIDDLE	LAST		MATTIE OAKLI	MIDD TV	ıl E	LA	ST
2	16e V	VAS DECEASED EVER IN U.S. AF		166. SOCIAL SECUI	RITY NO.	17. INFORMANT		DDRESS		
5		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	230-50-6	7.01	ENTE TOUNG 5	622 TEECD	IIDO DEVI	E 11477	a alliman
		18 CAUSE OF DEATH (Enter of				ENID JOHNS 5	OSS LEESB	URG PIK		LS CHURCH
Щ		PART I. DEATH WAS CAUSE	D BY:	PESPIK	OTA	RU ARRE	ST		BETWEEN	ONSET AND DEATH
		IMMEDIA	TE CAUSE (o)	100//	1110	My mine	01			
		1417	DUE TO, O	R AS A CONSEQUE		CELL CA OF TO	MOITE			
		Conditions, if any, which gove rise to immediate	(b)_	S/I SQUAL	1005	CELL CA OF TO	NGUE			
		couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF					
		DADI O OTHER CHOMESCANIE	(c)							
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ON IKIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIV	EN IN PART 1	0
1	CERTIFICATION	190 DATE OF OPERATION	TION COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h JE VES	, WERE FINDI	NIGE LISED
1	FIC	The Other Constitution	170 00110	morrox winer	OI EKAIIO	WASTEN ORMED		IN CERTIF	YING CAUSES	S OF DEATH?
	ER	210. ACCIDENT WAS UNDERLYING	7 21b. TIME C	F IN HIRY		21c. HOW INJURY OCCURR	YES NO		S .	NO []
		OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	Y YEAR	TICTION INJOKT OCCORR	LENIER NATURE OF	INJURY IN HEM 18 P.	AKT (OR PART 2)	
ā	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED			19	21f LOCATION				
	ME	WHILE NOT WHILE	21e. PLACE (AT HOME ST	OF INJUKT REET, FACTORY OFFICE, FA	ARM, ETC.)	STREET	CITY	OR TOWN	COUNTY	STATE
		AT WORK AT WORK			Cann	01	07.0	C/D	0.1	
		22a I certify that (I) (this hosp								that (I) (we) lost
		sow the deceosed alive on above, (1) (we) (did) (did no	t view the body	ofter death.		nd that in (my) (our) opinion o	death accurred on th	ne dote and hou		
		22b. SIGNATURE	1	-		DEGREE	MEDICAL	STAFF	22c. DATE	SIGNED
1		N. 1	115		m	PHYSICIAN [DIRECTOR PH			
1		22d. PHYSIC ALLS HAME (TYPE C	OR PRINT}			22e ADDRESS				
		K. TURK, LT,	MC, USI	NR		NATIONAL NAVA	AL MEDICA	L CENTE	R, BETH	IESDA, MD

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detoched for use as with the State Dept. of Health

MPORTANT: If Ite

Cremation 24 FUNERAL DIRECTO

Everly Funeral Home

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

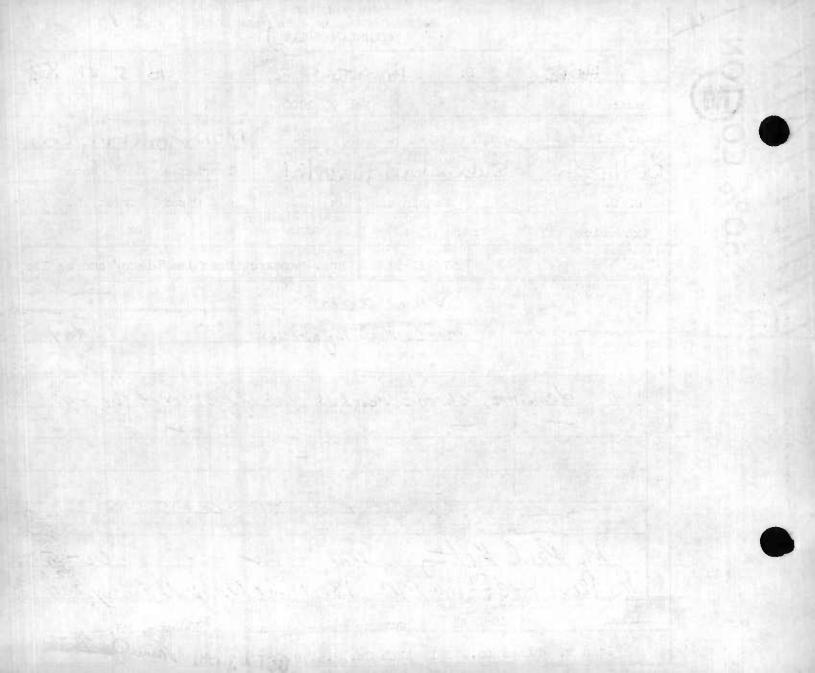
23c. NAME OF CEMETERY OR CREMATORY Metropolitan Crematory

23d. LOCATION Alexandria, Va

STATE

10565 Main St Fairfax, Va.

STATE OF MARYLAND

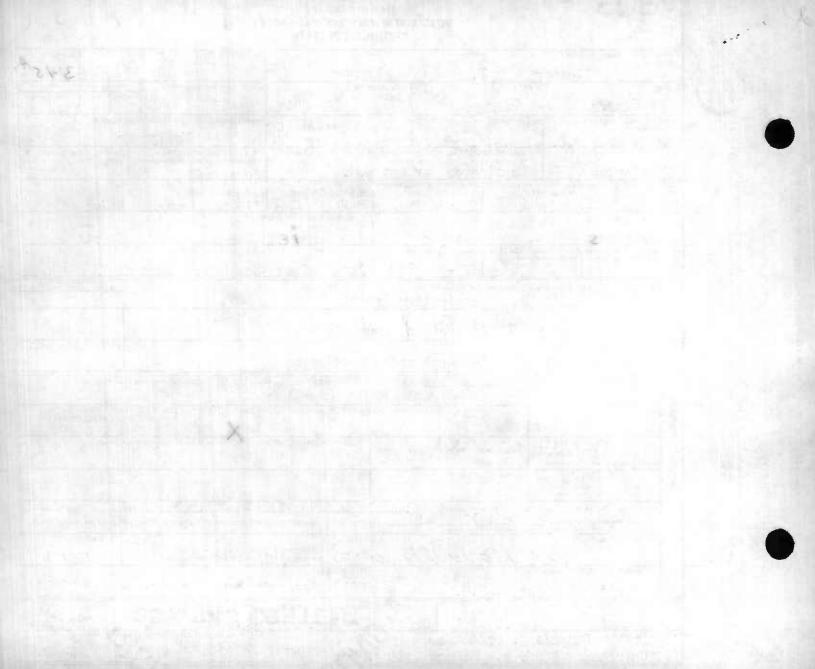


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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Yet were en John Someth March 18 CA S. James II 20 - 87 -01 Jan rotom I of year spring Holy Great Hospital The state of the state of

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		1 DE	CEASED NAME	FIRST		MIDDLE	ı	AŚT		2a. DATE OF D		ONTH DA	Y YEAR	2b. HOUR
	8 25	(TYP	E OR PRINT)	leanor		Т	н	ammer		11.00	-	10 30	81	3:45 A.
	((()	3 SE			RACE	1.	5 DATE C	FBIRTH		& AGE (IN YEAR			UNDER I YEAR	IF UNDER 24 HRS
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	the hound	7a. 8	IRTHPLACE (STATE OR	FOREIGN 76	. CITIZEN OF	WHAT COUNTRY	/? 8 MARRIEI	NEVER	MARRIED	9 BALTIMORI	CITY OR	COUNTY	OF DEATH	
	oea n 72	Wa	shinatan.	D.C.	U.S.	Α.	WIDOWE	D[X] [ONORCED		Moi	ntgome	ery	MD.
5	oy the fundithing the month	1	ensington	ATH 11	(IF NOT IN SUC	HOSPITAL, NURS THEACHITY, GIVE STRE IN TON GA	ET ADDRESS)	N.H.	STITUTION	HOUSOW	OR MOST OF W		12b. KIND (INDUSTRY	OF BUSINESS OR
212	in be file	USU	AL RESIDENCE (IF NUI	ISING HOME OF OT	THER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)				0		1	
AND	vithin 24 should be examiner.	Ma	ryland	Montgo		Silver		YES 💢	NO [130. STREET AL		rence	Drive	
RYL	7 00 1	14. F.	ATHER'S NAME FIRST		OOLE	LAST		15 MOTHE	R'S MAIDEN NA		MIDDLE		LA	ST
X	g & g &	1	Alphons		-	Tingle		J	enny E				Stuar	t
ORE,	^ = -		WAS DECEASED EVEL (YES, NO OR UNKNOWN)	IN U.S. ARMI		166 SOCIAL SE	CURITY NO	17 INFORM	ANT		ADDRESS	•		
I.W	e be ex an and Pages t, the n	No				579-38-	9910	Jane	Palmer	daught	er a	same o	as 13	
TY.	hysician papers. P moval. c event,		18 CAUSE OF DEA	TH (Enter only	one cause per	line for (a), (b),	and (c).1						APPRO)	CMATE INTERVAL
2	phy pap emo	1	PART I. DEATH V	IMMEDIATE		Respirat	oryRAr	rest						
S	death cert ending ph carbon pa on, or rem traumatic		42116	MMEDIATE										
510		-	Conditions, if any	which	DUE 10, O	As a consec As perati	on pne	umonia						
8	t the	1	gave rise to in	mediate) "									
×	equires that the signed by the att n please remove burial, crematiniury, or other		underlying caus		DUE TO, O	RAS A CONSEQ Cerebra T	Vascu	lar di	sease					
DS, 20		Z	PART 2 OTHER SIG	NIFICANT CO	INDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONDIT	ION GIVE	N IN PART 1	(01
SO	e l it.	CERTIFICATION	19a DATE OF OPERA	ATION	1% COND	ITION FOR WHIC	H OPERATIO	WAS PERF	ORMED	200 AUTOP			WERE FINDI	
8	an. icate has b it permit. ygiene pri	E			100					YES 12	40 [YES		OF DEATH?
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	NG PHYSICIAN: Th inding physician. Iter this certificate ha he burial-transit perm and Mental Hygiene, arked or Item 18 sho,		21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW	NJURY OCCUR		RE OF INJURY II	N ITEM 18, PAR	T I OR PART 2)	
N	PHP ng p	MEDICAL	21d. INJURY OCCUP		21e PLACE		17	211 LOCAT	IÓN					
IVISI	TO HOSPITAL OF ATTENDING PHYSICI, retained by the hospital or attending physici or DINECTOR. After this certificated be detached for use as the burial-transmith the State Dept. of Health and Mental HMPORTANT: If frem 21 is marked or Item	ME	WHILE NOT V	ORK	(AT HOME, STE	REET, FACTORY, OFFICE	E, FARM, ETC)	STREE	T		ITY OR TOWN		COUNTY	STATE
0	or a or a se a s		22s.1 certify that (1	(this hospital				18	. 19_80	0 <u>0</u> c_	1. 13	, 1	81	that (I) (we) last
	ATT ital or u of h		sow the deceo	sed alive on	Oct.		81 or	d that in (m)	y) (our) apinion	death occurred	on the date	and hour	and from the	couses stated
	e hospital or e hospital or e DIRECTOR ched for use a Dept. of Hea		22b. SIGNATURE	1	view the body	Oner decim.		DEGREE					22c. DATI	SIGNED
	by the hos ERAL DIR e detached State Depi		(In	1-3/2	Much	Nesc	(64)	PHYSICIAN Y	MEDICAL DIRECTOR	STAFF PHYSICIA	и□	10/	30/81
	HOSPIT sined by FUNER uld be de h the Sta		224. PHYSICIAN'S N	IAME (TYPE OR PI	RINT)			22e ADDRE				15/0		
	TO HO		Christo	pher U	nger.	M.D.		8218	Wiscons	in Ave.	Betl	nesda	, Md.	20814
7	Charles And Control	23a.	BURIAL, CREMATION		23b. DATE		NAME OF C	EMETERY OF	CREMATORY	23d. LOCAT	ON			*****
0	BP	1	Burial		Nov. 2.	1981	odan H	ipp Co	metery	Suith		_	GOO M	aruland
	de Ver	24. F	UNERAL DIRECTOR 1	-hano is	T Ca	Prins	Eurt II	u ce		E REC'D. BY REC				
	DHMH-16 25M (VRA 15, 4) 1/79						Cotina	111	NOV	1 100	11 7%	nec (1 04	arthen
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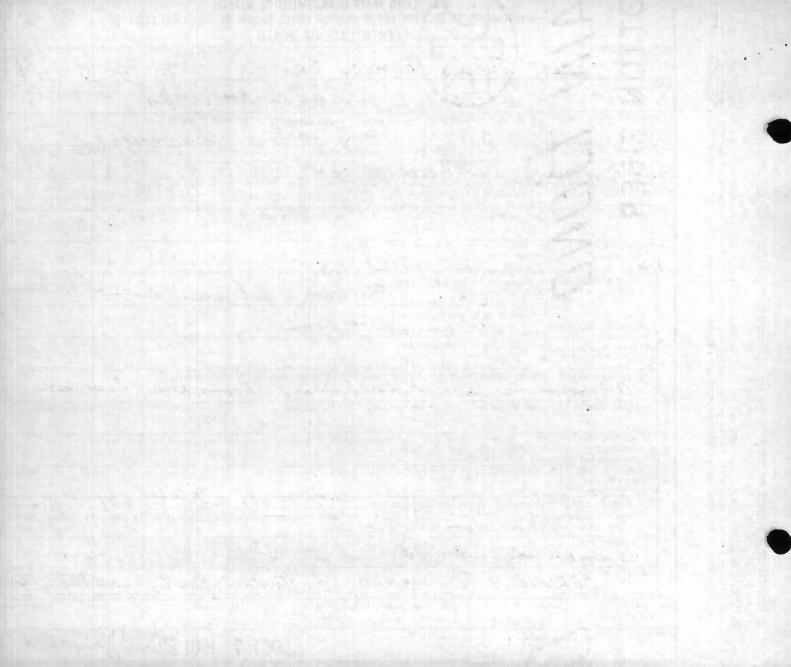
Silver Spring, Md.

STATE OF MARYLAND

House 2 Linear Pennag banda | Lak-Same get will and traditionally sometimes and the series of the series well Care Solder 200-16-5620 | DEELLun K. (mgs//ms/baul/ stare) at 13m 10.0 moteridade, 32 mount 101 Butial 10-14-21 Jake of Heaven Silver Southen Torinorally Hell Wands/Burshide F.H./ 11500 New Lampshide Aug.

12 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7 0 6
. 100	CERTIFICATE OF DEATH
death.	1. DECEASED-NAME (Type or print) RoBERT FRANCIS HANDLOY SR 20. DATE OF DEATH Month Day Year LASH M
after pes 1 after	3. SEX MALE 4. RACE S. DATE OF BIRTH OST DAYS HOURS AIN. 1. DATE OF BIRTH OST DAYS HOURS AIN. 1. DAYS HOURS MIN.
requires that the death certificate be executed within 24 haurs in graphysician. In signed by the attending physician and campletely filled in by the e burial-transit permit. Then please remave carban papers. Page a burial, crematian, or remaval, and to any event, within 72 haurs	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH / WIDOWED DIVORCED MONTERMERY Md.
within 2000 page of tille within 2000 within 2000 page within 2000 page of the control of the co	10. CITY OR TOWN DF DEATH 11. NAME DF HDSPITAL DR INSTITUTION (If not in haspital during most of working life, even if retired.) 12. USUAL DCCUPATION (Kind of work done during most of working life, even if retired.) 13. NAME DF HDSPITAL DR INSTITUTION (If not in haspital during most of working life, even if retired.) 14. NAME DF HDSPITAL DR INSTITUTION (If not in haspital during most of working life, even if retired.) 15. LVER SPRING 16. ADMINISTRATOR DEPT OF LABOR.
ampleti sve carl	136. USUAL RESIDENCE Where deceosed lived, if institution: Residence before 13c. CMY DR TDWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. CDUNTMONT GOMERY SILVER SPRING YES X ND 9603 BRUCE DRIVE
be exercise remoder	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost BRIDGET ALLEN
tificate hysicial n pleas	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 16b. SDCIAL SECURITY NO. 17. INFDRMANT Address GENEVIEVE H. HOWELL SAME AS 13 DAUGHTER
ath cer ding p it. The	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
if the death the attendi isit permit. matian, or re	MMEDIATE (AUSE (a) CATTALLE CONTINUES VICENTIALS VICENT
equires that the d physician. signed by the att burial-transit perr burial, crematian,	rise to immediate couse (a). stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
requires g physion n signed e burial a burial	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
law tendin s bee as th oriar t	19a. DATE DE DERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 121b. TIME DE INILIPY 121c. HOW INILIPY DECLIPED. (Enter nature of initial in Part 1 or Part 2 have 181)
G PHYSICIAN: The the haspital ar atter this certificate has detached far use a te Dept. af Health pr	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Yeor (If either, notify medical examiner) P.M. 21d. INVIEW DECLIPED 1.21a. PLACE DE INVIEW ALTHONE FARM STREET FACTORY V. 214. IDEATION CONTRIBUTION CONTRIB
binG PHYSI by the hasp After this cer be detached State Dept.	While Not while Not while Tree trace of history office Building, FTC.
OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate ge 3 shauld be detached far used with the State Dept. af Healt	22a. I certify that (I) (this hospital) alrended the deceased from 1981, and that in (my) (our) opinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the body ofter death.
RECTOR 3 shau 1 with t	22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. STAFF 22c. DATE SIGNED
	22d. PHYSICIAN'S BERNARD B. FITZGERALD 22e. ADDRESS TYBLUSE, SILVER SPRING, MANE (Type BERNARD B. FITZGERALD 21 MUNURES TYBLUSE, SILVER SPRING, MANE
TO HOSPITAL Page 4 may TO FUNERAL I directar, pag shauld be fil	23g BURIAL CREMATION 23b DATE 23c NAME DE CEMETERY DR CREMATORY 23d IDEATION (City of Town) (County) (Sector)
Q Q Q VR A15 (4)	REMOVAL(Specify) BURTAL 10/8/81 MT. OLIVET CEMETERY WASHINGTON, D. C. 24. FUNERAL DIRECTOR FRANCIS J. COLLINS ADDRESS 250. REC'D BY REGISTRAR 250. DEGISTRAR 250. DEG
45M - 1/69	500 UNIV. BLVD. W. SILVER SPRING, MD. 20901 DATUCLY 1981 Granus Jan Maries

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		FOR STATE REGISTRAR		CERTII	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		7 0	0	1
3.5		CEASED NAME FIRST	MES -		INON	20. DATE OF DEATH	10	12 8	2.0	DUR R
	3 SE	male	4 RACE	5. DATE	OF BIRTH DAY YEAR 97	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER TYE		DER 24 HRS
97		RTHPLACE (STATE OF FOREIGN COUNTRY) Scotland	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIE WIDOW	ED NEVER MARRIED DED BOOK	9 BALTIMORE CITY 9	OR COUNTY	OF DEATH		MD
85		Rockville	11. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	OR OTHER INSTITUTION	USUAL OCCUPATION HOLD CONTROL		12b. KINI INDUST En (o of Busi R ^Y i ine	NESS OR
35	13a : M	aryland Mo	orother institution, give residence ber unty 13c, city or to ntgomery Rockvi	NWN	13d INSIDE CITY LIMITS? YES NO 🗌	13e. STREET ADDRESS 299 Hunle	ey Ave			
31		THER'S NAME FIRST Unknown	MIDDLE LAST		IS. MOTHER'S MAIDEN NA FIRST Unknown	WIDDIE			LAST	
e medico		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, O Yes	ARMED FORCES? 166 SOCIAL SE GIVE WAR OR DATES) 071-12		Bill Procto	or -1053 Buch		St., V	Vash.	D.C.
njury, ar other traumatic e	NO	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSECTION OF TO THE PROPERTY OF THE PROPERTY	DUENCE OF	T NOT RELATED TO THE TERM	LINAL DISEASE OR CON	IDITION GIV	EN IN PART	rais	<u> </u>
shows ony	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	IN CERTIF	, WERE FIN YING CAUS		ATH?
ed or Item 18 s	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 210, IN JURY OCCURRED WHILE AT WORK AT WORK		19	21f. LOCATION STREET	RED (ENTER NATURE OF INJU		COUNTY	2)	STATE
MPORTANT: If flem 21 is mork		27a.1 certify that (1) (this has sow the deceased alive abave, (1) (we) (did) (did r 27b. SIGNATURE	not) view the body after death.		PHYSICIAN 222e ADDRESS	death occurred on the of	FF CIAN []	22c. DA	O/12	181
NP N		URIAL, CREMATION, REMOVA SPECIFY) REMOVA1	AL 23b. DATE 23	c. NAME OF C	CEMETERY OR CREMATORY OWN Med. Seho	23d. LOCATION CITY OR TOWN	ingto	Selta county D	.C.	STATE
/81		JNERAL DIRECTOR Metropolitan Fu	uneral Service,	Alexan	dria, Va.	RIC'D BY REGISTRAL	Rend	Que.	MUREC	

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	Items 5,6 g561 11,		STATE OF MARYLAND		7 0 0
6	FOR STATE	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE ()	100
4	REGISTRAR DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	
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A)	1143		HARR		1 81 1
9	SEX	RACE	S DATE OF BIRTH 1891	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
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te gat	(e. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wash. D.C	** U.S.A.	MARRIED NEVER MARRIED &		
370	TAKOWA PARK	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET SLIGO GARDEN		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOUSEWIFE	12b. KIND OF BUSINE INDUSTRY
and a	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	·	
à 35	Mont	ei	PRIVA YES NO	130. STREET ADDRESS 9315 CROSRY	RA.
we 1	4 FATHER'S NAME	gomery SILUER	15. MOTHER'S MAIDEN N		10.17.
350		ADDLE LAST	FIRST	MIDDLE	LASI
age -	Jesse Me was deceased ever in u.s. AR/	M. Harr MED FORCES? 166 SOCIAL SECU	RITY NO 17 INFORMANT	E. ADDRES § 315	Mood
2 Fe	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			7
2 6	No	524-60-	4558JI Herbert	W. Cooper Sil.	Spr., Md
eve	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	y one couse per line for (a), (b), an	() I f and	+	BETWEEN ONSET AND
L.		E CAUSE (O) CAROLO	c yours	nselva	201
L aun	4707	DUE TO, OR AS A CONSEQUE	INCE OF 1	7	7
222	Canditions, if any, which	(b)	element	Cobsos	
3	couse (0), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
Co	underlying couse last.	(c)			
Die Co		ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(a)
and and	NO L				
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEAT
2	<u> </u>				S NO
Control of the second	00.000,000,000,000,000,000,000	The same of the sa	216 HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18, I	PART I OR PART 2)
or It	2	P.M.	19		
ked o	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE INDIVIDUAL INTERPRETATION OF WHILE IN NOTIFIED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM FICE STREET	CITY OR TOWN	COUNTY ST.
B	WHILE ONT WHILE O	(A PONE, SHEET, PACIONI, OFFICE, I			
	22e f certify that (1) (this hospit	ol) oftended the deceased from_		1.10 1 Gat.	19, that (I) (
1	sow the deceased alive on above, (1) (we) (did) (did not	The Cited 19	, and that in (my) (our) opinia	n death occurred on the date and have	or and from the couses st
3	226. SIGNATURE	view line oddy dries dedili.	DEGREE		THE DATE SIGNED
3	Will	is freed n	ATTENDING	MEDICAL STAFF	18/7/
MPOHIAN	274. PHYSICIAN'S NAME (TYPE OF	PRINT)	27e ADDRESS	- Misicial	City fet
	WILLIAM	ANA	9006 Col	CAR 311123	SPRING, M
-	Ta BURIAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY		3110000 1/10
1	(SPECWY)	and valve value and the	and the second s	CITY OR TOWN	COUNTY STA
	Burial FUNERAL DIRECTOR / A G	110/10/81 Ro	ck Creek Cemete	ery Washington	
	HAME	C Tahun 6	The low or	CT 1 3 1081 Vance	

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10	FOR STATE REGIST	RAR		DEPART	MENT OF HE	OF MARYLA ALTH AND M CATE OF DI	MENTAL HYGI		2 EG. NO.	7 0	0 9
by be	I. DECEASED (TYPE OR PRINT)	VAME Ed	ith	MIDDLE	Ha	rvey		Octob	er 8, 1	DAY YEAR	26 HOUR 1:30 PM
4 (M)	3. SEX Fema	le	1, RACE Cauca	asian	S. DATE OF	DAY	1900	S. AGE (IN YEARS	(AST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
Poorth. Po	70. BIRTHPLAC	e (STATE OR FOREK		f what country? 1 States	8	□ NEVER M	ARRIED	Montgo	TITY OR COUNTY	OF DEATH	MD
s after de by the fulled with positied		OWN OF DEATH	11. NAME O	F HOSPITAL, NURSII UCH FACILITY, GIVE STREET LY Grove	NG HOME OF	OTHER INSTI		12a. USUAL OCC	UPATION MOST OF WORKING LII		OF BUSINESS OR
filled in I and be f	USUAL RESIDI	13b	ome or other institution county from the terms of the ter	13c. CITY OR TOV	RE ADMISSION)	13d. INSIDE CIT	TY LIMITS?	7 01d	RESS Stage Ct	3	
MARYLy ed withir ond 2 sh ond 2 sh	14. FATHER'S N	rame Irles	WIDDLE	Denham			MAIDEN NAM FIRST S &	Lee	DDLE	Hern	don
be execut on and co	16a WAS DEC (YES, NO OR NO		.S. ARMED FORCES YES, GIVE WAR OR DATES)	388-32-		Duane	S. Mitc		ame as 1		MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours oftending physician and completely filled in by stee this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremation, ar removal. The page of the property of the property of the property of the medical examine (must be paged or them 18 shows only injury, or other traumatic event, the medical examine (must be paged or them 18 shows only injury, or other traumatic event, the medical examine (must be paged or them 18 shows only injury, or other traumatic event, the medical examine (must be paged or them 18 shows only injury, or other traumatic event, the medical examine (must be paged or them 18 shows only injury, or other traumatic event, the medical examine (must be paged or them 18 shows only injury, or other traumatic event, the medical examine (must be paged or them 18 shows only injury, or other traumatic event, the medical examine (must be paged or them 18 shows only injury, or other traumatic event, the medical examine (must be paged or them 18 shows only injury).	Condit gove couse under!	ions, if ony, which the course to immedia (0), stating to the course later	DUE TO, (b), other the last.	ORAS A CONSEQUE ORAS A CONSEQUE CONTRIBUTING TO	DENCE OF	tailu uctive	Re Pulm TO THE TERMIN	CHARY C	Lisease CONDITION GIVE	Many	y ears
VITAL RECOR	RTIFIC	E OF OPERATION	NG 21b. TIME	OF INJURY				YES NO	IN CERTIF	S, WERE FINDING CAUSES S OPERAT 1 OR PART 2)	
al o ol o ol o ol o ol o ol o ol ol ol ol	OR CONI (IF EITH 21d. INJ WHILE AT WORK 22d.1 ce		21e. PLAC (AT HOME,	A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE, the deceased from	FARM, ETC.)	211 LOCATION STREET	, 19_8[_, to_ Oct	YORTOWN	-	STATE that (we) lost
D HOSPITAL OR ATTI	The	NATURE MATURE SICIAN'S NAME MAS E	Wilson 1	UU D M. D.		EGREE AT P	TTENDING HYSICIAN	DIRECTOR F	STAFF	22c. DATE 10/8	
008 S = 1	(SPECIFY)	REMATION, REM Burial	Octob	er 12	Union	METERY OR C	rematory ry	23d. LOCATIO CITY OR TO Lees bi	irg		STATE
DHMH-16 30M 2/80 (VRA 15, 4)	300 N	I. Montgo	bert A.Pu mery Ave.	mphrex.Fsu Rockvill	neral	Homes 1	P/450 DATE 0	CT 15 1	181 256. DENST	TRAR'S EIGNAT	Martha

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

	REGISTRAR			CLKIII	CATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	2h HOUR
(179)	Brook	cs		На	ys	Octobe	r 12	, 1981	7:30A
3. SE		4. RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
rit.	Male	White		Au	0 -000	83	YRS.	MONIHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
	Arkansas	U.S.A.		WIDOWE		Montgome	ry		M
0	Chevy Chase	4701 W	HEACILITY, GIVE STREET A	odress)	R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Former Con	OF WORKING L	IFEI INDUSTRY	Congre
130. 5	AL RESIDENCE (IF NURSING HOME STATE 13b CO Maryland Mon	OR OTHER INSTITUTION UNITY tgomery	ONE RESIDENCE BEFORE 13c. CITY OR TOWN Chevy Cha	4	13d. INSIDE CITY LIMITS	? 13e. STREET ADDRESS 4701 Wil	llard	Avenue	
14. FA	ATHER'S NAME FIRST A. S	MIDDLE teele	Hays		15 MOTHER'S MAIDEN FIRST Sara	MIDDLE		ButÎ	er.
	VAS DECEASED EVER IN U.S. A	ARMED FORCES?	16h SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS		
	Yes WW	I	577-44-3	375	Marion Ha	ys, Same addi	ress a	as #13.	
CERTIFICATION	gove rise to immediate cause 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICAN' 19a. DATE OF OPERATION	(c)		EAIH BUT	NOT RELATED TO THE TI	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED OF DEATH?
MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	P./ 21e. PLACE (M. MONTH DA M.	19	216. HOW INJURY OCC 216. LOCATION STREET	YES NO ALL CURRED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART I OR PART 2) COUNTY	NO STATE
	220.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did	On SEAT	16 19 8	, one	19 6 d that in (my) (aur) opin	on death occurred on the d	12 ote and hou		that (1) (see) lost
	22b. SIGNATURE	(d. (orvel	li di	PEGREE ATTENDING PHYSICIAN	MEDICAL STA	.FF CIAN []	10/1	
	22d. PHYSICIAN'S NAMEL TYPE				22e ADDRESS	t., NW, Washing		·C·	The Party
	Anthony I.	OUT A CTTT							
	BURIAL, CREMATION, REMOVA		23c. N	AME OF CE	METERY OR CREMATOR	RY 23d. LOCATION			
		AL 23b. DATE				RY 23d. LOCATION		Le ^{couni} Arka	ansas

DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND

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and Mental Hygiene prior to burial, cremation,

MPORTANT: If Item 21 is marked or Item 18 sha

should be detached for use as

TO FUNERAL DIRECTOR: After this certificate has been

	STA	TE	0F	M	ARYL	AND
DED A DESCRIPTION						

1.	- STATE REGISTRAR			DEI ARTH	CERTIF	ICATE OF DEATH	REG. N	0.				
	CEASED NAME	FIRST		WIDDLE	i	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	2
3. SE		Grace	RACE Whi	L.	5. DATE C	DAY YEAR	October 6 AGE (IN YEARS LAST BIR		198 IF UNDER		5 • 50 TEUNDER 2 HOURS	
7a. B	IRTHPLACE (STATE ORF	OREIGN 7	***************************************	WHAT COUNTRY?	Mar	ch 30, 1900	81 9 BALTIMORE CITY O	YRS	Y OF DE	ATH		
	Virginia			5.A.	MARRIE	D NEVER MARRIED DIVORCED	Montgom					M
	Bethesda		Carria	th FACILITY, GIVE STREET A	ADDRESS) Vursii	or other institution and Home	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Reg. Nur	OF WORKING L	IFE) IND	KIND O USTRY urs i	F BUSINE	SS OF
13a. :	Maryland	136 COUNT		13c. CITY OR TOWN Betheso	N	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 5215 Ced	ar La	ne			
	ATHER'S NAME FIRST William	Tho		Lineberry		15. MOTHER'S MAIDEN NAME FIRST SALLIE	MIDDLE		Ку			
	NAS DECEASED EVER YES, NO OR UNKNOWN]		ED FORCES? WAR OR DATES)	577-52-	2334	Frank R. Her		Beth	esda	, Mo		
	PART I. DEATH W 43 60 Conditions, if ony, gove rise to imm couse (a), stohn underlying couse	MMEDIATE which	DUE TO, O	RAS A CONSEQUE	vly	in ictivasis	ident			2	n en	<i>P</i> ₄
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W	while NOT WHAT WORK 27a. I certify that (I) sow the decease above, (I) (we) (d) 27b. SIGNATURE	(th is hospir a	1) ottended th	19 /	M.	d that in (my) (our) opinion of	to_ Oct.		19 🗲 J	om the d	that (I) (e) las
	22d PHYSICIAN'S NA	ME (TYPE OR	Mu	h mi)		ATTENDING _	MEDICAL STA DIRECTOR PHYSIC		,	10/	11/87	

BP DHMH - 16 50M 1/B1 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial 10/13/81 230 NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

5401 Western Ave., NW, Washington, D.C.

COUNTY

STATE

Washington By REGISTRA 5 1981

24 FUNERAL DIRECTOR

David W. Shea, Jr.

FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave., NW, Washington, D.C. 20016

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0/1	1	FOR			ST DEPARTMENT O		ARYLAND AND MENTAL	HYGIENE)	. 0	7 0	1 4
JA 1	11-	STATE REGISTRAR			DICAL EXAMI			13	H REG. NO.		
		CEASED NAME	FIRST		WIDDLE		LAST	20.	DATE KNOWN	MONTH DAY YEA	AR 2b. HOU
2 2 2 2 2 2 E	1	E OR PRINT)	Herber	t		Het	ibisch		OF ESTI-	10 13 19 8	19:45M
PLEASE ECTOR FILES HOURS	3. SE	4. RAC	E 5.	DATE OF BIRTH	6. AGE (IN	YEARS IF UN	DER 1 YR. IF UND	ER 24 HRS. 2c.	DATE A	MONTH DAY YE	
	1	Male W	hite	Ap1. 28	- 34- 47	11101111	DAYS HOURS	MIN PRO	DEAD 10	13 198	1 9:45M
SS SESS		RTHPLACE (STATE OR PREIGN COUNTRY)	7ь.	CITIZEN OF WH	AT COUNTRY?	8. MARRI	ED NEVER MAI	RRIED . 9.1	BALTIMORE CITY OR	COUNTY OF DEATH	
NECESSARY, FUNE S FOR		Germany		LISA		WIDOW		RCED X	Montgome	ry	MD.
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OO 33		heaton			Bluehil1		1	Elect	ric Technic	ian Elect	ronics
CORP STAN	13a. S		RSING HOME OR OT 13b. COUNTY	HER INSTITUTION, GIV	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS		ADDRESS		
SHOE SHO		ld.	Mont	•	Wheaton		YES X NO [LO3 Blueh	ill Road	
DEATH. DEATH. DEATH. SES 1, 2 AND 3	14. F.	ATHER'S NAME FIRST	M	IDDLE	LAST		15. MOTHER'S MA FIRST	IDEN NAME	MIDDLE	LAST	
S S S S S S S S S S S S S S S S S S S		Ludwig	He	ubisch	Two sections are	2071110	Maria		(unknown)		
FTER FPRE FOR ON	100.	WAS DECEASED EVER ES. NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	166. SOCIAL SECUI	RIIY NO.	17. INFORMANT		12313 A Date ew		
BALTIMORE, MD. 21201 RS AFTER DEATH. IF AN GIVE PAGES 1, 2, RETA WITH FORM PM 3. RETA PAGES 1 AND 2 SHOUL DIVISION OF VITAL RECO		<i>les</i>			1578-48-4	738	Lois Brix	ikley/ S	Silver Spri		0902
		18. CAUSE OF DEAT PART I DEATH W	H (Enter only a AS CAUSED BY	ne cause per line ':	for (a), (b), and (c).)				1:10	BETWEEN OF	NATE INTERVAL
24 F TEM TEM TEM SIEN	-	4000	IMMEDIATE C		AS A CONSEQUENCE	E 05	ryo	Carc	(15(1)+	V.	
HIN A A A A A A A A A A A A A A A A A A A		Canditians, if	any, which	DOL 10, OK	AS A CONSEQUENC	4		1 /	1.	1	
W. PREST D WITHIN ENCIL IN AMINER A TRANSIT ENTAL HY		gave rise to couse (a) stating		(b) DUE TO, OR	AS A CONSEQUENCE	EDE	grond	end p	ronchis	<u> </u>	
UTED N PE EXA SIAL-		lying cause last.		1 552 10, 51	ADA CONDEGOENC	LOI			av th mi	Cr	
XECU XECU G' H BUR BUR ON, ON,		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONT	RIBUTING TO DEATH I	BUT NOT RELATED TO THE T	ERMINAL DISEASE	OR CONDITION GIVEN IN	PART L (a)			
BIVISION OF VITAL RECORDS, 301 W. PRESTON ST., S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL RITING THE WORD "PENDING" IN PENCIL IN ITEM 18 RODED TO THE CHIEF MEDICAL EXAMINER ALONG E. 3 SHOULD BE USED AS A BURRAL-TRANSIT PERMIT. E. DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I PRIOR TO BURRAL, CREMATION, OR REMOVAL.	Z	N	1								
ULD ULD WEB VIEW WEB	K	196. DATE OF OPERA	ATION	19b. CONDIT	ION FOR WHICH OF	ERATION W	AS PERFORMED?			20. AUTOP	SY?
F VITAL R WORD "P WORD "P HE CHIEF ENT OF HI	CERTIFICATION	100	me,							YES [NOD
NUSION OF VITA CERTIFICATE SHOUTING THE WORD DED TO THE CH E 3 SHOULD BE U DEPARTMEND BE U PRIOR TO BURAL OF	W W	210. EXTERNAL CAU		21b. TIME OF		AR 21c. HC	W INJURY OCCUR	RED (ENTERNATI	URE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)	
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A A A A A A	1	WHILE NOT AT W	ORK								
ATE, ORV ORV PR: P.		22a. I certify that	I taak charge at	the remains desc	cribed abave, held ar	Autops	sy , Inspec	tion 🖳	Inquiry , and in	n my apinian	
AND		death resulted from	n: Notural c	ouses \mathbf{Z} ,	Accident	Suicide .	, Hamicide	. Undeterm	nined manner .		
XAA EERT WITI WITI WARYL		/	7	0	0/1		TITLE (SPECIFY)			6 1	
A HE	1	ACTUAL	6	3	A	seem	D.DCP	MEDICA	AL EXAMINER	SIGNED OCT	13/90
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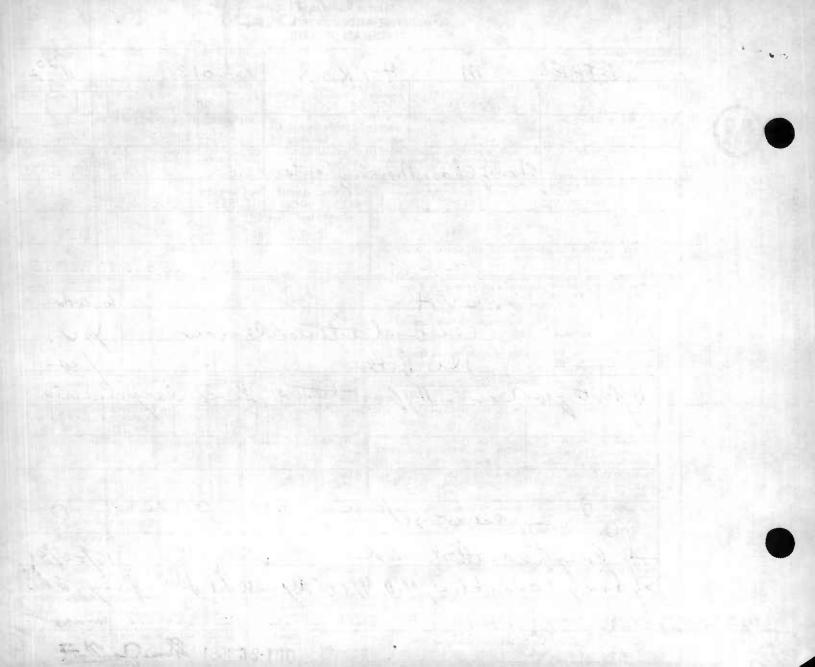
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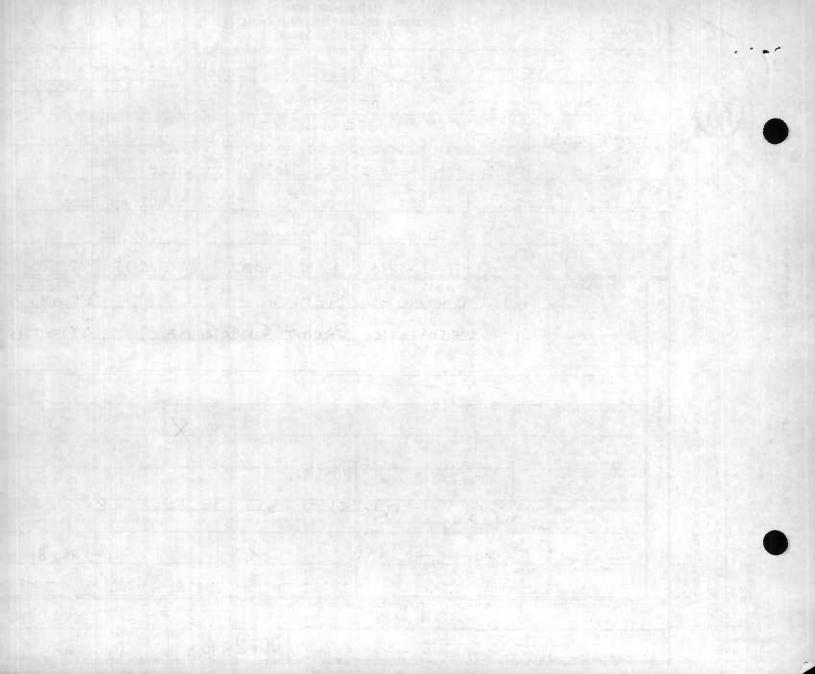
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STATE OF MARYLAND

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ma pa pa pa pa pa pa pa pa pa pa pa pa pa	3 SE	X	4 RACE		S. DATE C		AGE (IN YEARS LAST	BIRTHDAY)		FUNDER 24 HRS
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he de atternation		Conditions, if any, which		Cerele	ral	arthurse	lever	/	Vis	4
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squires squires signed l n pleas injury,		PART 2 OTHER SIGNIFICAL	VI CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE JERM	INAL DISEASE OR CO	NDITION GI	VEN IN PART I(a)	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, NDING PHYSICIAN: The law requires that the death certificate be executed and physician. R. After this cartificate has been signed by the attending physician and consist the burial-transit permit. Then please remove carbon papers. Pages 1 is at the burial-transit permit. Then please remove carbon papers. Pages 1 is that and Mental Hygiene prior to burial, cremation, or removal. Is marked or Item 18 shows any injury, or other traumatic event, the me	ME	WHILE NOT WHILE AT WORK	(AT HOME, S	TREET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR	OWN	COUNTY	STATE
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OH ATTE hospital or DIRECTO hed for uss Dept. of He		saw the deceased alive above (1) (we) (did) (did	nat) view the bad	y after death.		id that in (my) (aur) apinian o	death accurred an the	date and ha		
T.:		A Clusy	Love	a Mal	resp	DEGREE ATTENDING PHYSICIAN 1	MEDICAL S DIRECTOR PHY	TAFF SICIAN [10/2	5/91
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TO TO Show	23a. I	BURIAL, CREMATION REMO	AL 23b. DATE	123c N	IAME OF C	EMETERY OR CREMATORY	234 LOCATION	- 4	1	
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	24 F		NCIS J.				E REC'D. BY REGISTR.		TRAR'S SIGNATUR	(E
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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH 2b. HOUR 00 1981 IF LINDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Investment Banker 7503 Glendale Road Dyer Marie H. Rice. Same address as #13.

COUNTY STATE

NO [

22c. DATE SIGNED 10/7/81

YES [

FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

5130 Wisconsin Ave., NW, Washington, D.C. 20016

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

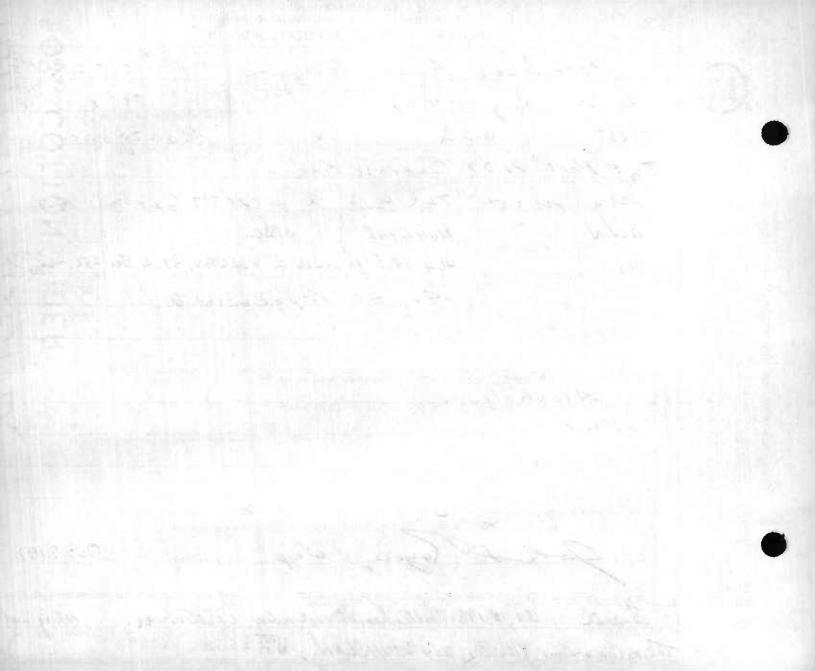
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ı	(TYPE OR PRINT)	140	16-1-4	Rass	1	6-0 /-	OF ESTI-	DS- th	100 20
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L	M	- w	Aug 2	6 10 71	YRS. MONTHS	DAYS HOURS	MIN. PRONOUNCED DEAD	Oct :	2,10 0
7	o. BIRTHPLACE FOREIGN COUNTY	(STATE OR	76. CITIZEN OF W		8. MARRIED	NEVER MARR	IED 7. BALTIMORE CIT	Y OR COUNTY	OF DEATH
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13	o, STATE	13h COUN	rout	13c. CITY OR TOWN	Bran	YES NO D	13e STREET ADDRESS	202000	LAvedo14
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	Sydney			lowlett		Emma	L.		Fortune
1	(YES, NO, OR UNI	SED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	233-12-9	752A	Charlott	e Howlett	ESS	
F				e for (a), (b), and (c).)	7521	CILIL LOCK	C HOWIECC		APPROXIMATE INTERVAL
	PART I	DEATH WAS CAUSE	D BY:	s for (g), (b), and (c).)	1. 1	1,000	1-1-	201	BETWEEN ONSET AND DEAT
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		tians, if any, which		invitra	- T	1 .	+11=	Home	
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	lying	ause lost.	(c)	PEPY	tie	WIG	cl		
1		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEASE O	R CONDITION GIVEN IN PA			
-	DATE	OF OPERATION	be o	ITION FOR WHICH OF	zel,	1 tu	1. & JK	PS137	
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			ral causes	Accident	Suicide ,	Hamicide .	Undetermined monner],	
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1	(SPECIFY)	MATION, REMOVAL	10/5/81	23c. NAME OF C	LEMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
2	4. FUNERAL DIE					250. DATE	REC'D. BY REGISTRAR 135 R	GISTRAR'S SIGN	ATURE
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	1	STATE OF MARYLAND	3 63
	11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS	1 4
	1.	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		DECEASED NAME FIRST MODILE LAST 20. DATE KNOWN MONTH DAY YEA	R 2h HOUR
W (20)	(TY	Michael Neal Huckins DEATH MATED OCT 519 8	11/1
3000	3. SE		AR 24 HOUR
4.40年)	J. 3L	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS POLIPS I MIN PRONOUNCED	7/94
\$ 8253		12 W Acros 27.39 42 RS. DEAD OF C. P. 198	7 RM
SE ES O	70. B	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)	
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		TEXAS U.S.A WIDOWED IN DIVORCED - Montgomer	di un
23 × 0 ≥ -	10. C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF OR 1/2). KIND O	BUSINESS
PAGE FALED	0	The House Tenor in such facility, Gare street Address) 11 Ave. FOR MOST OF WORKING LIFE) OR INDU	STRY
WF785 -	11211	UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
ANY DE RETAIN DE COURT DE COUR		STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	
2120 AND AND AND AND AND AND AND AND AND AND		Md Ment Tak. Park. YES NO 1107 Carroll A	Ve
MD. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	14. F.	FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST FIRST MIDDLE LAST	
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TER DE FORM ON OR	16a. \	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
TIME PAREN IN	-6	(YES, NO. PRUNKNOWN) (IF YES, GIVE WAR OR DATES) 464.54.5195 SUSAN E USELTON, RT. 2. BEX 236, B	ER TRAM
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY IRRING THE WORD. "FENDING" IN PRACIL IN 176M 18, GIVE PAGES 1, 2, AND 3 ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAINER 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD EDEPARKINT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORD OF PROPERTY.			TEXAC
T. NOUR		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	NATE INTERVAL
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NE EX		(c)	
RECORDS, 201 W. PRESTON ST D BE EXECUTED WITHIN 24 HOL FENDING" IN PERCIL IN ITEM II MEDICAL EXAMINES ALONG AS A BURLAL-TRANSIT PERMI SALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COMDITION GIVEN IN PART 1.(a).	
L RECORI ULD BE EX "PENDIN FF MEDIC ED AS A E HEALTH / HEALTH /	N N	Alcoholism	
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F VITA TE SHOWORD THE CHIE THE	를 를	YES 216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	NO X
NOF ICATE THE W VUID B STAMEN			
S STOPES	3	CONTRIBUTING CAUSE OF DEATH P.M. 19	
CERTIFICATE CERTIFICATE TITING THE W DED TO THE 3 SHOULD I DEPARTMEN	MEDICAL	216 INJURY OCCURRED 216 PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	
DIVIS THIS CER: WRITIN WARDED PAGE 3 SI STATE DEP	1 8	WHILE NOT WHILE AT WORK AT WORK COUNTY	STATE
DIV DIV E. WRITI RWARDE RWARDE PAGE 3 STATE DI 0, 212011			
		22a Certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry, and in my apinion	
MANA GTO THTH YEAN	1	death resulted fram: Natural causes Accident Suicide , Hamicide Undetermined manner .	
AR WILL		TITLE (SPECIFY)	
A SOUTH A		SKINATURE M.D. OR-D MEDICAL EXAMINER SIGNED	1197
2 E 3 B 2 B 2 B	7	MEDICAL EAAMINER SIGNED	
S S S S S S S S S S S S S S S S S S S	4	EXAMIDUS NAME	
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xomine 1	14 F/	ATHER'S NAME Harry	MIDDLE S.	Butt		15. MOTHER'S MAID		WIDDTE	Bak	er	7
medical		WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	21703	JRITY NO.	Joyce J.	Kauf	fman San		170,22	
ony injury, or ather troumatic eve	ATION	Conditions, if ony, which gave rise to immediate cause iai, stating the underlying couse last. PART 2 OTHER SIGNIFICANT (1909) DATE OF OPERATION	DUE TO, O [c] CONDITIONS CO	R AS A CONSEQUI R AS A CONSEQUI ONTRIBUTING TO	ENCE OF	NOT REMATED TO THE		AL DISEASE OR CONE	DITION GIVEN		
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/81	24 FU	UNERAL DIRECTOR Rober O.A., Rockville	t A. Pum . Marvla	phrey	neral	Homes,	OCT	13 1981	SH REGISTRA	RS SIGNAM	Parthen

DHMH - 16 50M 1/81 (VRA 15, 4)

P.A., Rockville, Maryland

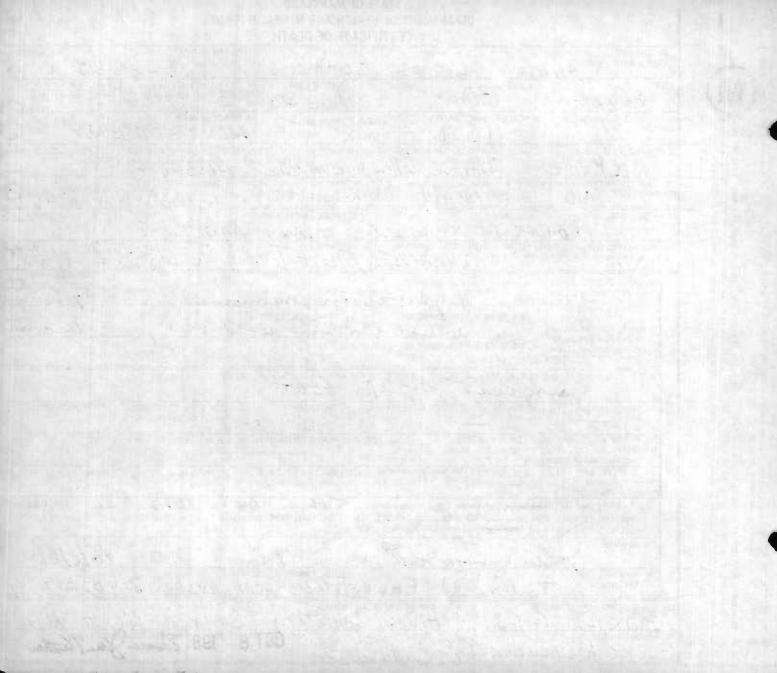
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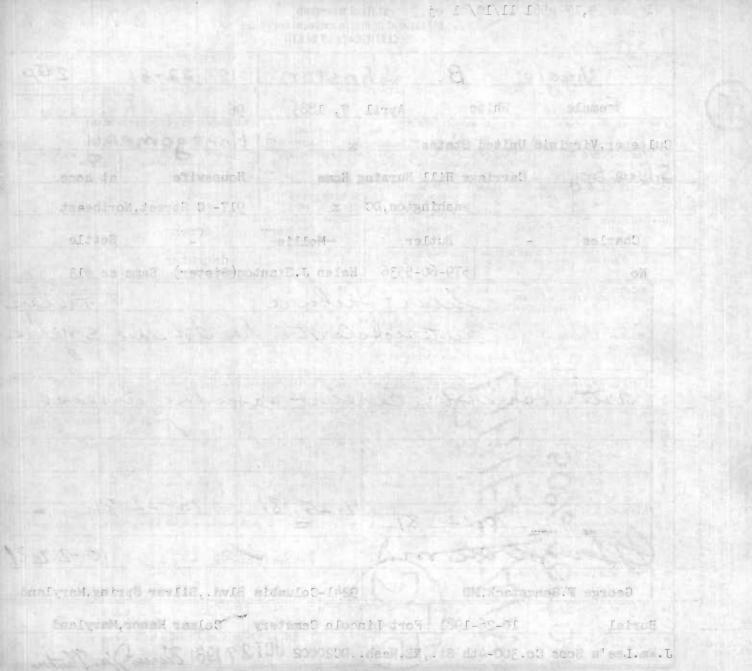
- 40	0			STATE OF MARTLAND	7
1	0	1		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 / 2	1
- 1	a m			CERTIFICATE OF DEATH	
	2 0	a de		ECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
	1		(Type or print) ANNIE LAURA JOHNSON Manth Do Soy Reg	М
	1 mcl	1	3. SI	FX A PACE S DATE OF RIPTH 6 AGE (ID YEAR) IF UNDERLYGAR IF	UNDER 24 HRS.
)		Female Black Aug. 30, 1893 as bichday) YRS. MONTHS DAYS HO	OURS MIN.
	B. T	21	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1/1010
	2 2	35	tuo	MD U.S.A. WIDOWED DIVORCED MONTGOMERY	Md.
102	p 44 44 1	190	10. 0	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of warking life, even if refired.) 12a. USUAL OCCUPATION (Kind of wark dane during most of warking life, even if refired.) 1NDUSTRY	SINESS OR
212	7 2	5	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	Α.
LAND	within sely fills			ission) STATE MD 13b. COUNTY Montg Clarksburg YES NO 12705 Running Dr	ack Rd.
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	-	£, /.	14.	FATHER'S NAME First Middle CKEAMER IS. MOTHER'S MAIDEN NAME First Middle	Last
, H	executed cample	7	160		11 21
LIMO		T. A	()	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT TOHNSON TE - Address 40 Berry C. 19-66-7502 Elbert JOHNSON TE - Germantown,	MD.
BAL	ificate be physician o	_ a		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) APPROXIMATE BETWEEN ONSET	
Н,	certificate ng physicia			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hydrestatic premoura 24th	CARLA .
TRE		-		440 2 IMMEDIATE CAUSE (d)	
S N		and ir		(anditions if any which gave)	##A .
STO	death			Tise to thitheologe coose (a),	-
PR	the the	removal		stating the underlying cause (c)	
*	0 0 0	10 Te		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
98	S e	2	z	Gangrene ugus foot.	
RDS	aduit of signature	otio	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIF	FYING
8	The law require sysician. The has been signature to the signature of the s	cremation,	CERTIFICATION	YES NO CAUSES OF DEATH?	
4	iciar has	i 0	1	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
YH.	physician cate has	burial,	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M.	
9	IAN: The ing phys rtificate	p //	WE	2 Id. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 1 21f LOCATION Street or R.F.D. Ng. City or Town County	State
No.	SICI	Priar		While Nat while at wark at wark	
VISI	PHY office	3 0		22a. I certify that (I) (this haspital) attended the deceased from 5 //6 , 19 6 to 10/5 , 19 6/1 , that (I)) (week last
5	Ne or	19 le 1		saw the deceased alive an 10/5 1984, and that in (my) (earl opinion death accurred on the date and haur and	d from the
-	ATTENDING haspital or FOR: After	Í.		couses stoted above, (I) (ne) (did) (did not) view the body after deoth.	
	A OR ATTEN by the haspi DIRECTOR:	Mental		226. SIGNATURE DEGREE PHYS DIRECTOR DIRECTOR DHYS 22c. DATE SIGNED 10 16 18	21
	OR the	~ —	-	22d. PHYSICIAN'S DEGREE PHYS. DIRECTOR PHYS. 1	/
	4 ± 1	= 1		NAME (Type) JOHN C. FAWCEN 16610SUGARLANDRO BOYDS AND	2084/
F		of Health	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
00	CECF		24	PENDVAL (Spacify 41 10-9-81 Mt. Z10n Cemetery Selman Monty 1	10.
	DHMH-16 t		17-	2000 P Carried Street Very 162	then
	(VR	A15 (4))		seorge Michigan Rockville, MD, Date	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH 26 HOUR L DECEASED NAME 17,1981 OCT. TYPE OF PRINTI Johnston, Jr. Marion James IE UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER I VEAR 5 DATE OF BIRTH 4 RACE 1 SEX MONTH 1889 White March Male 9. BALTIMORE CITY OR COUNTY OF DEATH 7g BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED & NEVER MARRIED Montgomery Washington. D.C. U.S.A. DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 126 KIND OF BUSINESS OR IN CITY OF TOWN OF DEATH INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) 8 Newlands Street Chevy Chase Self-Employed Investments USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 13b. COUNTY 13c CITY OR TOWN 8 Newlands Street Chevy Chase YES X NOF Montgomery Maryland 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME FIRST MIDDLE MIDDLE Carr Sophy James Marion Johnston **ADDRESS** 166 SOCIAL SECURITY NO. 17. INFORMANT 5226 Farrington Rd. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR PATES) Bethesda. Maryland 577-30-6400 James M. Johnston, III APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate (a), stating the DUE TO, OR AS A CONSEQUENCE OF enveleron underlying cause DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELECTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) IFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOTE YES [NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21f. LOCATION 21s. PLACE OF INJURY 21d. INJURY OCCURRED STATE COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. and that in (my) (own) opinion death occurred an the date and hour and from the causes stated sow the deceased alive on did not) view the bady after death. 22c. DATE SIGNED DEGREE 27h SIGNATURE STAFF ATTENDING MEDICAL Should be deto with the State (PHYSICIAN TO DIRECTOR PHYSICIAN 22e. ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) 3301 New Mexico Ave., N.W.-Washington, D.C. Thomas L. Hartman, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION 23a. BURIAL, CREMATION, REMOVAL Suitland-Prince Geo. Co. -Md. 1981edar Hill Crematory BP Oct. 19. Cremation 25 DATE REG'D. BY REGISTRAR 251 REGISTRAR'S SIGNAPHIRE 24. FUNERAL DIRECTOR DHMH - 16 25M name Jos.Gawler's Sons, Inc. 5130 Wisc. Ave, NW-Wash., DC (VR A 15 (4)) 9/74

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	or off se os t morke		22a.I certify that (1) (\$his-he	ospital) attended th	ne deceased from		12 19 6 D	10 22 00
Į.	or und	1	sow the deceased alive	on 22 (10 8	, on	d that in (my) (our) opinion	death occurred on the date
	RECTOR Ppt. of H em 21 is	ŀ	obove, (1) (we) (did) (did 22b. SIGNATURE	not) view the body	ofter death.		DEGREE	
· d			Time la	t alm	- 1	100		MEDICAL STAFF
¥	by the by the by the by the best of the be		14-cc mC	1 water	May	AN	ATTENDING Y PHYSICIAN	DIRECTOR PHYSICIAN
9	FUNER Id be of the Story		22d PHYSICIAN'S NAME (TY		0 ,		22e. ADDRESS	
	0 00 = 4		Herbert Ma	rtyn, Jr	. M.D.		6917 Arling	ton Rd. Beth.
-	5 € 5 € 3 ₹	23a. BL	JRIAL, CREMATION, REMOV	AL 23b. DATE			EMETERY OR CREMATORY	23d LOCATION
	BP	(5	Burial	10/27	/81 G	lenwo	od Cemetery	Washington

5130 Wise. Ave. N.W. Wash., D.C.

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 25 HOUR (TYPE OR PRINT) mildeed Tanis IF UNDER 1 YEAR DAYS HOURS OUNTY OF DEATH MONIGOMER INDUSTRY Home ede Pl. N.W. Goodacre nor Rd. Ch.Ch. Md. W13 ON GIVEN IN PART 10 b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES | ITEM 18 PART 1 OR PART 21 COUNTY STATE that (I) (We) Jost and hour and from the couses stated

22c. DATE SIGNED 2500

STATE

, M.D.

Washington, D.C. OUNTY

BP_ DHMH - 16 50M 1/81 (VRA 15, 4)

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h	DECEASED NAME	FIRST		MIDDLE		LAST	Zo. DAT	REG. NO	MONTH DAY	YEAR HOUR
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1	FOREIGN COUNTRY)		7 7 7			ED NEVER MARI	RIED 🔲	MORECITYO	R COUNTY OF DEA	,
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1	SUAL RESIDENCE	IF HI NURSING HOME OF	ROTHER INSTITUTION, G	13c. CITY OR TOWN	SSION)	had. INSIDE CITY LIMITS?	13e. STREET ADD	RESS	- // -	101
	Md	140	Wald	Dayt	on	YES NO S	0400	3619	wthich	nKd.
1	4. FATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAID	ENNAME	WIDDLE	LAST	
1	Millaro 60. WAS DECEASED		AED FORCESS	Justice	TTV NO	Ruth	1000	T WULDECS	Firo	r
4	(YES, NO, OR UNKNO	WN) (IF YES, GIVE V							cum Road	26
F	no In CAUSE O	F DEATH (F			0626	Peggy Just	tice Dayt	on, Mar		XIMATE INTERVAL
	PART I DE	ATH WAS CAUSED	y ane couse per line BY:	far (a), (b), and (c).)	to	le vac-s	11	h.	BETWEEN	ONSET AND DEATH
	11.5	CH IMMEDIATI	E CAUSE (a)	AS A CONSEQUENC	5.05	n your	9,2	00		
1	Condition	s, if ony, which	DOE 10, OK	AS A CONSEQUENC	LOI					
1		e to immediate stating the under-	(b)	AS A CONSEQUENC						
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	PART 2 OTHER SIG	NIFICANT CONDITIONS C	ONTRIBITING TO DEATH	BUT NOT RELATED TO THE TE	DMINAL DICEAS	CONCUENTION CIVEN IN IN	ADT 1			
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		OR OG CAUSE OF D		MONTH DAY YE	AK					
1	21d INJURY O	CCURRED	21e. PLACE	OF INJURY (AT HOME.		CATION				
ı	WHILE AT WORK	NOT WHILE	STREET, PAC	(ORY, FARM, ETC.)		TREET	CITY OR	IOWN	COUNTY	STATE
	22a cont.6	v that I taak charge	e of the remains des	cribed obove, held on	Autap	sy , Inspection	on D. Inqui		d in my apinian	
1	death resulte	,	al couses		Suicide	. Hamicide .	Undetermined		а ін ту аріпіал	
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7	SAGRAGIAN			9	~~	0	SWEDICAL EX	AMINEK	SIGNED	
4	EXAMPLER'S I	NAME				ADDRESS				
1	30.BURIAL, CREMAT		3b. DATE	23c. NAME OF C	EMETERY O		23d LOCATION			
	Burial		11/3/81	Crestla	wn Mer	n. Gardens	Marriott	sville.	Howard Ma	rvland
	4. FUNERAL DIREC	FOR				25g DATE	REC'D BY REGIST	RAR 16 REGIS	S RAR'S SIGNATURE	6
	STACK Fran	eral Home	ADDRESS	t City, Mar	vland		₩ 130 I		01	
1	THE TOTAL	J. J		A TO THE PARTY		14				

CONTRACTOR CONTRACTOR OF STREET, STREET, STREET, Make the County of Myster State States County States and County States SLADA (METEL) COM, WILLOOM AND STATE

		FOR		DEPART		E OF MARYLAND EALTH AND MENTAL H	YGIENE 8	Same and the same	27	3 3
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	(TYPI	E OR PRINT!	Ambra	M.	Ko	inaga		10-14.	81	430 AM
	3. SE		4. RACE	110000	5. DATE C		6 AGE INYE	ARS LAST BIRTHDAY)	MONTHS DAYS	
		female.		ite	9	10 1895	1	36 YRS		HOURS MIN.
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of of	0	Ohio		5.A.	WIDOWE	D DIVORCED	Mon	tgomery	County	/ MD.
) G		ITY OR TOWN OF DEATH	/ IE NIOT IN CO	ICH FACILITY, GIVE STREET		OR OTHER INSTITUTION	(TYPE OF WORK	CCUPATION FOR MOST OF WORKING		OF BUSINESS OR
100		ilver Spring	Holy	/ Cross	HOS	01791	House	ewife		Home
- - - - - - - -	130.		OME OR OTHER INSTITUTION COUNTY Montgomer			13d. INSIDE CITY LIMITS?		doress L Knowle:	s Amenu	A
4		ATHER'S NAME	11243 IV	012210		IS MOTHER'S MAIDER N			1100110	
5		William	Henry	Spry		Ida '**		WIDDLE	Riff	11
H	Hin. V	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECT	JAITY NO.	17 INFORMANT		100655 Ba.	ltimore	Road
w		No		364 10	5473	Elaine E	Maligh	Rockvil:	Le, Md.	20851
oger		PART I DEATH WAS	Enter only one cause pe	or line for 196151, or	fell	/ /	- 111	/	APPROD	ONSAT AND DEATH
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ohn		Conditions, if any, w	hich (ib)_	Hea	W V	leval for	ine		- 4	Ays
Jo		course (a), stating		ORAS A CONSEQU	7	ubular.	Nega	ori.	41	Days
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		1240	me)	Homm	/	ATTENDING PHYSICIAN		STAFF PHYSICIAN	D-	SIGNED /
1		Ben 5	Amin 7	YKUWIY	J. 110	3720	Farrag	ut Are.	ben M	d. Dergr
	- (BURIAL, CREMATION, REAL SPECIFY Burial	101	16-81 F	orest	Cemetery Cemetery	Y 23d LOCA Fred	RTOWN RTOWN RTOWN	vn county	hio STATE
1	24 Ft	JNERAL DIRECTOR Ty	son Wheele	er Funera	I Hom	e, Inc. no	TE REC'D. BY CO	GISTRAIL SEE	LAFS SIGNA	well
	13	31 Rockvil	le Pike Ro	ckville,	Md.	20852	1 - 0 10	01	0	

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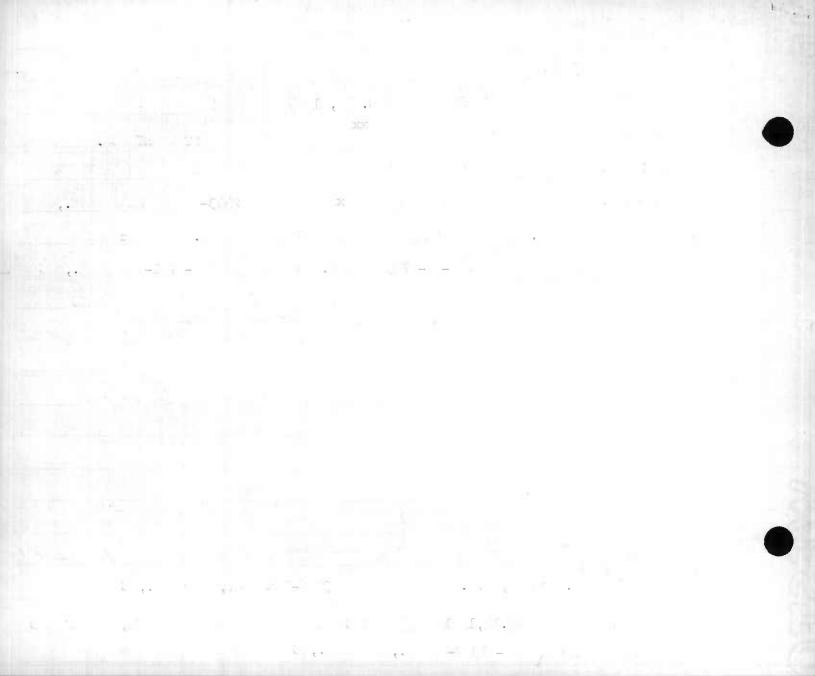
- 18		ems 13a-13c po FOR dad STATE dad REGISTRAR		PARTMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE 8	2 7	0 3 4
9 25		CEASED NAME FIRST Helen	MIDDLE		aris	20. DATE OF DEATH		7:45P.M.
e 4 moy	3. SE		(RACE Caucasian	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR IF UNDER 24 HRS
th. Poga	70. B	RTHPLACE ISTATE OR FOREIGN DUNTRY)	7b. CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9. BALTIMORE CITY C		DEATH
s ofter dec	10. C	eece TY OR TOWN OF DEATH ckville	United States 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE ROCKVIlle Nu	IURSING HOME O	ROTHER INSTITUTION		ION DE WORKING LIFE) IN	MD B. KIND OF BUSINESS OR NOUSTRY
in 24 hour	13a. :	rytand Unio	TrUnion 13c CITY OF	RIOWNIMMI	YES NO	Box 431		
omplete	S	arantos	Maltsini		Panagiota	a MIDDLE		tsikas
be executed on ond composes I or one emedicolexy			WAR OR DATES!	19-1869	Poppy K. I	Latos - 4120 G	reat Oal	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratending physician. Wher this certificate has been signed by the ottending physician and completely filled in to as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 mand be filled in to as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 mand be filled in the and Mental Hygiene prior to buriol, cremation, or removal. Orked or flem 18 shows any injury, or other traumatic event, the medical examining must be income.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last	D BY:	seouence of	-voul	deries	£	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2-3 uls
VITAL RECORDS, 20 N: The low requires systicion. Icote hos been signed ronsit permit. Then pl Hygiene prior to burit 18 shows ony injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICANT (ONDITIONS <u>CONTRIBUTIN</u>			TERMINAL DISEASE OR CON 200 AUTOPSY? YES NOTE	20b. IF YES, WE	REFINDINGS USED 5 CAUSES OF DEATH?
PHYSICIAN: The anding physicic this certificate to buriol-tronsit and Mental Hygis dor from 18 she		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OC	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 1B, PART 1	OR PART 2)
NG PHYSI ottending frer this ce is the burn h and Me	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN C	OUNTY STATE
TTEND pitol o pitol o for use of Heal		220.1 certify that (II) (this hospi sow the deceased alive on above (I) (we) (did) (did no	tal) ottended the deceased	from (1)	d that in My (our) op	inion deoth occurred on the d	ote and hour and	that (I) (we) lost from the causes stated
O HOSPITAL OR A etoined by the hos TO FUNERAL DIRECTOROULD be detoched with the State Dept.		22d PHYSICIAN'S NAME LIVE O	let /kmle	nox	ATTENDIO PHYSICIA	NG MEDICAL STA		22c. DATE SIGNED 68. 31, 1991
TO HOSPITAL Of TO FUNERAL Dishould be detoo with the State DIMPORTANT: If		G. Bowdit	ch Hunte	h, Jr.	50 W. Edmo	onston Drive,	Rockvill	e, Maryland
BP	(BURIAL SPECIFY) BURIAL	4, 1981	t. Oliv	et Cemeter	y Queens	COUR	New York
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	P.A. Rockvi	t A. Pumphrey Ile, Maryland	ssFuneral	Homes,	NOV 5 1981	PAREGISTRAR	an Parth

	1	FOR				AND MENTAL HY	CIENE	any in my	210
200	1-	STATE REGISTRAR	N	EDICAL EXAMI			DERTH	/ 0 5	2
		CEASED NAME FIRS	Ť	WIDDLE		LAST	20. DATE KNOWN		7b. HOUR
OR. OR.	3. SE	5+	anley	Jay	K	2+2	OF ESTI-	110-9 1981	AM
60	3. SE	4. RACE	5. DATE OF BIR	6. AGE (IN LAST BIRTH 1939 42	DAY) MONTH	DER 1 YR. IF UNDER 2	4 HRS. 2c. DATE MIN. PRONOUNCED DEAD	MONTH DAY YEAR	2d. HOUR
		IRTHPLACE (STATE OR DREIGN COUNTRY)		WHAT COUNTRY?	1.	ED KNEVER MARRIEI	9 BALTIMORE CITY O	PR COUNTY OF DEATH	M
DAY SAN		Maryland		JSA	WIDOW	ED DIVORCEI	MOM,	tgomery	MD.
DELAY S		Bethesda	522	OSPITAL, NURSING HOA HACILITY GIVE STREET, ADDRESS	il Ra	ER INSTITUTION	FOR MOST OF WORKING LIFE) Attorney	Self-em	ploy
P. 21201 P. AND 3 SHOULD PRECOR	130. S	AL RESIDENCE (IF IN NURSING HO TATE 13b. CC Laryland Mo	ontgomery	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES X NO	3e. STREET ADDRESS 5225 Pooks	Hill Road	
RE, MD.	14. F.	ATHER'S NAME FIRST	MIDDLE	ŁAST		15. MOTHER'S MAIDEN		LAST	
0 008	16a. \	Jerome VAS DECEASED EVER IN U.S.	ARMED FORCES?	Katz 16b. SOCIAL SECUR	ITY NO.	Marcia 17. INFORMANT	ADDRESS	Workman	
JRS AFTER B. GIVE PA WITH FOR T. PAGES I DIVISION	()	ES, NO, OR UNKNOWN) (IF YES, o	GIVE WAR OR DATES)	218-32-87	32	Paula Katz	; 1002 Ruppert	Rd; SSpg, Md	•
HST., HOUR WAS WAIT		18. CAUSE OF DEATH (Ente PART I DEATH WAS CAU	JSED BY:	ine for (a), (b), and (c).)	. Allau	ind. 1-He	es el.	APPROXIMATE IN BETWEEN ONSET A:	NTERVAL
STON N 24 I N ITE/ N TE/ NOVA		9554 IMMEI	DIATE CAUSE (a) DUE TO, (OR AS A CONSEQUENCE	OF				
VITHIINER NACIL I NER RANS TAL H	-	Canditions, if any, wh gave rise to immedi	iate / (b)	52/5.	11/1	licted.			
201 W UTED V UN PEN EXAM BIAL-TI D MEN		cause (a) stating the und lying cause last.	DUE TO, (OR AS A CONSEQUENCE	OF				
L RECORDS, 201 W, PRESTON ST., ULD BE EXECUTED WITHIN 24 HOU "PENDING" IN PENCIL IN ITEM 18 IF MEDICAL EXAMINER ALONG VED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIGNIFICANT CONOITI	ONS CONTRIBUTING TO DEA	TN OUT NOT RELATED TO THE TER	IMINAL OISEASE	OR CONDITION GIVEN IN PART	1 (a),		
ITAL REGISTRO PER	CERTIFICATION	190. DATE OF OPERATION	19b. CON	DITION FOR WHICH OPE	RATION WA	AS PERFORMED?		2D AUTOPSY?	
BIVISION OF VITAL S CERTIFICATE SHOW RDED TO THE CHIEF RES SHOULD BE USE RES SHOULD BE USE RESPERTIVENT OF HOIL	RIF	210. EXTERNAL CAUSE WAS	21h TIME	OF INJURY	21. 110	W INTERPOSE CONTRACTOR			NO X
MYSION OF VITA CERTIFICATE SHO RITING THE WORD RIDED TO THE CHIE E 3 SHOULD BE US FOR THE CHIE F		UNDERLYING OR CONTRIBUTING CAUSE	HOUR A	.M. MONTH DAY YEA M. /6-9 198	AR	Sht all	LENTER NATURE OF INJURY IN ITEM 18 P	220 Rome	Um
IVISIO GERTI JOED 1 DEPA I PRIC	MEDICAL	214 INJURY OCCURRED	21e PLAC	E OF INJURY (AT HOME,	21f. LOC	ATION	A CITY OF TOTAL	COLINITY	CTAYE
DIN THIS C WARDI WARDI PAGE 3 TATE D	1	AT WORK AT WORK	* app	intopent	322	5130Ks H1	IRI Bethests	Mantainery	MA
FICATE FICATE TOR: THE S		220. I certify that I taak ch			Autapsy	y . Inspection	🕅, Inquiry 📈, and	d in my apinian	
KAAM ERTIFIED BE MITH ARYL		death resulted fram: No	atural causes ,	Accident, S	uicide 🔀 ,	Hamicide	Undetermined manner,		- 1
ALDUNAL WATER		ACTUAL SIGNATURE	ohns.	Bell	M.E	D.n. J.	C.MEDICAL EXAMINER	DATE STY 9/9	31
TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR LONIERAL DIRECTO AFTER DEATH WITH THE BALTIMORE, MARYLAN		EXAMINER'S NAME (TYPE OR PRINT)				/			
APTE BATTE	23a.B	JRIAL, CREMATION, REMOVA	L 23b. DATE	23s. NAME OF CE		CREMATORY	23d. LOCATION		
BP		Burial	Oct. 9, 1	981 Beth E		eterv	Randallstown.	Maryland STATE	ē.
DHMH - 17 (VR A 15 ME (5))	400	INERAL DIRECTOR	ADDRE	Rockville.	Md.	250. DA P RE	CP BY REGISTRAR 231, REGIS	STRAR'S SIGNATURE	
(VRAISME(S))	Da	nzansky-Goldbe	arg cuaper	s; II/U KOC	KATITE	LIKE	97.0400	San Warther	3

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	-			STATE OF MARYLAND		. His . His s
		FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	27036
		DECEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
nay be page 3		FRANCES		KAT7MAN	OCTOBER 18, 19	981 10:15 K.
ma r, pa er d	3	SEX	4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN
age 4	-	FEMALE	WHITE	JAÑŰÄRY 28, 1891	90 YRS.	MONTHS DATS HOURS MIN
al dir. P	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
des des	3	MASSACHUSETTS	u. s. A.	WIDOWED DIVORCED	MONTGOMERY	MD.
the fi	(10	CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	TYPE OF THE SEW I FEORKING	12h. KIND OF BUSINESS OR INDUSTRY
pp pp	00	SILVER SPRING	HOLY CROSS HOST		nousewife	
24 he ed in	11	SUAL RESIDENCE HE NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) VN 13d. INSIDE CITY LIMITS?	13R. STREET ADDRESS	APARTMENT # 609
hin 24 filled ould be	L		GOMERY SILVER S		1135 UNIVERSITY	BOULEVARD WEST
etely 2 short	14	FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
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7 50	1	NU	085-30-1	482 HAROLD C. KA	TES 1223 DEVERE	G. MARYLAND 20903
ificate ysicial pers. F oval, event		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), 1b), or	ndicin a Onifi		BETWEEN ONSET AND DEATH
cert g ph n pa rem			TE CAUSE (0) NYOZO	dial lypical	1001	
aum aum		4100	DUE TO, OR AS ACONSTOL	IENCE OF CO.		
atter ve constion		Conditions, if any, which	(1b) Care	uscon s.		
the at remove remati		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
d by ase r ial, c		underlying cause lost	(c)			
equir igne ple bur injur	1.		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1101
any re	2	em	astrop t	orlare -		
he la las be mit. e prie		190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20h. IF YI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
AN: Than. cate har it permygiene	4				YES NO.KX	res NO
	-19	OR CONTRIBUTION CAUSE OF DE			RED JENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
HYSIC physic physic is cert ial-tra lental cor Iter	/ 3	(IF EITHER, NOTIFY MEDICAL EXAMINER	AIII	19		
DING PHYSICIAN: The law reciteding physician. After this certificate has been site burial-transit permit. Then the and Mental Hygiene prior to marked or Item 18 shows any in marked or Item 18.		21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Afte the	1	WHILE NOT WHILE AT WORK		1919		
or at or at Se as Healt			ital) attended the deceased from.	101.19	, to	, 19, that (I) (we) last
ATT ATT ital or u		sow the deceased alive or	n 10-18- 19_ at) view the body after death.	81 and that in (my) (gur apinion	death occurred on the date and ha	iur and from the couses stated
OH hosp hosp hed for the fort.		226 SIGNATURE	111	DEGREE	/	22s. DATE/S/GNED
The sol		Mole	20//nam	ATTENDING PHYSICIAN E	DIRECTOR STAFF	10/19/81
		224 PHYSICIAN SNAME ITYPE	OR PRINT)	22e ADDRESS		
etained by TO FUNER should be do with the Sta		Robert Krame	on M.D.	8630 Fenton	Street, Silver S	Spring, Maruland
TO F retair TO F shoul	2	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	123d LOCATION	
OBP		(SPECIFY) BURIAL		MOUNT LEBANON	HYATTSVILLE.	P. GM MD.
olu	2,				REGISTRAR LA BEGI	
DHMH-16 25M (VRA 15, 4) 1/79	9	DUNALO MITOSTEIN 232 CARROLL STRE	TEBREW MEMUKANAL	FUNERAL TUME I III.	1 6 0 1301	N.
		LAL CHINOLL SIKE	LI, N.W., WASHIN	OTON, V. C.		

STATE OF MARYLAND



	DECE	ASED NAME	FIRST		MIDDLE MIDDLE	LAS	۲	20. DATE OF	REG. NO		DAY YEAR 2b. F
	SEX		RACE	eborah Is. date of Birth	L. IA AGE (INV	Kel		DEATH	H MATED		14 19 81
1	fer	nale	white	May 21,	1957 24 Y	(RS.	DAYS HOURS	MIN: PRONOL	UNCED	_ /	14 19 8111
X	Wa		on D.C.	7b. CITIZEN OF W		WIDOWED		RIED A	Montant	_	
10		akoma P			SPITAL, NURSING HOM ACILITY GIVE STREET ADSREAS) NGTON Adv			12a. USUAL OCC FOR MOST OF WI Housew	UPATION (TYP ORKING LIFE) 110	E OF WORK 12	OR INDUSTRY
130	I. STA	RESIDENCE (II TE yland	13b/COUN	OR OTHER INSTITUTION, G NTY ICE GEO.	13c CITY OR TOWN New Carro	136	I. INSIDE CITY LIMITS? YES X NO	13e 5422AD8	5 ⁶ Avei	nue	
_	FAT	HER'S NAME Dawid		HODLE	Kelly	15	MOTHER'S MAID	EN NAME	MIDDLE	McW	hirt
160	O. WA	S DECEASED	EVER IN U.S. AR.	MED FORCES? WAR OR DATES)	215 70 13		oward L.	Flannery	ADDRESS Same	as #1	3
		PARTIDEA / //	TH WAS CAUSE	D BY: TE CAUSE (a)	e for (o), (b), ond (c).) Schwannoma		ain		9.12		BETWEEN ONSET AND D
-	-	gove rise	, if any, which to immediate	(b)	R AS A CONSEQUENCE						
NC		gove rise cause (o) s lying couse	ta immediate toting the <u>under-</u> e lost.	(b)	R AS A CONSEQUENCE R AS A CONSEQUENCE	OF	CONDITION GIVEN IN P.	ART 1 (0).			
IECATION		gove rise cause (o) s lying couse	ta immediate toting the <u>under-</u> e lost.	(b) DUE TO, OF	R AS A CONSEQUENCE	OF Minal disease or		ART 1 (a).			20 AUTOPSY? VES XX NO
NOT A DESTRUCTION	CEXTIFICATION	gove rise couse (o) s lying couse (o) s lying couse (o) s not a co	to immediate toting the under- e lost. INFICANT CONDITIONS PERATION CAUSE WAS OR G CAUSE OF	(b) DUE TO, OF (c) (CONTRIBUTING TO DEATH 21b. TIME O HOUR A.A. DEATH P.A.	R AS A CONSEQUENCE BUT NOT RELATED TO THE TERM ITION FOR WHICH OPEN IF INJURY A. MONTH DAY YEA A. 19	OF MINAL DISEASE OR RATION WAS	PERFORMED?	ART 1 (a). ED LENTER NATURE OF 1	NJURY IN ITEM 18		YES XX NO
	EDICAL CEXTIFICATION	gove rise couse (a) s lying couse (b) s lying couse (art 2 01HER SIGN 9a. DATE OF C	to immediate toting the under- e lost. DEFICIANT CONDITIONS DEFICIANT CONDITIONS CAUSE WAS OR CAUSE OF	(b) DUE TO, OF (c) CONTRIBUTING TO DEATH 21b. TIME O HOUR A.A. DEATH P.A. 21e PLACE	R AS A CONSEQUENCE BUT NOT RELATED TO THE TERM IT ION FOR WHICH OPEN IF INJURY M. MONTH DAY YEA	OF MINAL DISEASE OR RATION WAS	PERFORMED? INJURY OCCURRI				YES XX NC
	MEDICAL CEXTIFICATION	gove rise couse (o) s lying co	ta immediate toting the under- plost. IFICANT CONDITIONS OPERATION CAUSE WAS OR OR CAUSE OF CURRED NOT WHILE AT WORK that I took charge	(b) DUE TO, OF (c) (CONTRIBUTING TO DEATH 21b. TIME O HOUR A.A. 21e. PLACE STREET, FAC	R AS A CONSEQUENCE BUT NOT RELATED TO THE TERM ITION FOR WHICH OPEN IF INJURY A. MONTH DAY YEA A. 19 OF INJURY (AT HOME, CTORY, FARM, ETC.)	OF MINAL DISEASE OR RATION WAS 21c. HOW 21f. LOCA	PERFORMED? INJURY OCCURRI	CITY OR T Undefermined of	y , on	PART I OR PART 2 COUNT I'd In my apini	YES XX NC
IASIOSM	MEDICAL CEXTIFICATION	gove rise couse (a) s lying couse (b) s lying couse (b) s lying couse (c) s lying co	ta immediate toting the under- e lost. INFICANT CONDITIONS OPERATION CAUSE WAS OR G OR GONOT WHILE AT WORK that I took charge I from	(b) DUE TO, OF (c) 19b. COND 21b. TIME O HOUR A.A. 21e PLACE STREET, FAC ge of the remoins de	R AS A CONSEQUENCE BUT NOT RELATED TO THE TERM ITION FOR WHICH OPEN IF INJURY A. MONTH DAY YEA A. 19 OF INJURY (AT HOME, CTORY, FARM, ETC.)	MINAL DISEASE OR RATION WAS 21c. HOW 21f. LOCA' STREE	PERFORMED? INJURY OCCURRI TION Hamicide TICLE (SPECIFY) ASSISTA	CITY OR T Undetermined of the MEDICAL EXA	y , on monner , aminer et, Balt	COUNT COUNT DATE SIGNED.	YES XX NC

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THE THE THE Out interest throught a committee come The same and a state of the same and a same Rentweek follows Prancis track a fone langrat Bose, B. d. buntzen, alliversay

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75	7	FOR STATE			DEPARTMENT OF			0 1	2 /	US	7
		REGIST		WE	DICAL EXAMIN	NER'S CER	RTIFICATE OF	DEATH	REG. NO.		
		1. DECEASED			MIDDLE	LAST	11	2a. DATE K	NOWN DE MONTH	DAY YEAR	PL HOW
	S S S S S S		Gesva		4.	Ke	lly	OF DEATH	MATED DOCK	12019	PM
34.7	HE BOW	3. SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN Y		DAYS HOURS	4 HRS. 2c. DATE	CED	DAY YEAR	177
	A BERN	1	100K	Apr. 30		YRS.		MIN. PRONOUN DEAD		J, 1987	D-M
	SE SE SE	7a. BIRTHPLA FOREIGN CO	CE (STATE OR DUNJRY) Siana	76 CITIZEN OF W		8 MARRIED	NEVER MARRIE	9. BALTIMO	ORE CITY OR COUN	ITY OF DEATH	
	S FORE			U.S.A.		WIDOWED			2 onto	somes	Y MD.
5	유무무료	III. CITY OR I	TOWN OF DEATH		SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS)	E, OR OTHER II	NSTITUTION	FOR MOST OF WORK		OR INDUST	RY
		0	ney	12 0	2020n	nevy	Gen Hos	Domesti	c worker	Private	
102	- m = D ox	130. STATE	DENCE (IF IN IN RSING HO	ME OR OTHER INSTITUTION, G UNITY	130 CITY OR TOWN	310N) 13d.	INSIDE CITY LIMITS?	3e. STREET ADDRES	S	11	,
.213	A A A A	4	OHIS.		wew Or	1lezz T	ES NO	2116	wil	low	4
WD	SATH. IF	14. FATHER'S		WIDDLE	LAST	15.	MOTHER'S MAIDEN	M	DOLE	LAST	
	M PW		orge		Hayes		Celestin	e		11	
OWI.	FER DE FORM SES I A		CEASED EVER IN U.S RUNKNOWN) (IF YES, G	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECURI	TY NO. 17.1	INFORMANT		7Rockvill	e, Maryl	and
BALTIMORE, MD. 2120	CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE- TING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES DED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM 1 33 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT, PAGES 1 AN DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF 1 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	No			437-38-20	39 G1	enda Turn	er, daught	er,14215	Chesterf	ieldRo
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SNS	V 24 HO V ITEM 1 ALONG IT PERM YGIENE			DIATE CAUSE (a)	Acut	en	ykocz.	1012/	DAS		
STC	AND ALCO	1 4	1291		AS A CONSEQUENCE	OF					
00	NER ALL		onditions, if any, wh ave rise to immedia								
×	ON THE WENT		ouse (o) stating the <u>und</u> ing cause last.	DUE TO, OR	AS A CONSEQUENCE	OF					
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	D BE EXECTED BY WEDICAL AS A BUILDER CREMATH AN		OTHER SIGNIFICANT CONDITIE	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR (CONDITION GIVEN IN PART	1 (a).	150		
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۵	THIS CHARTEL WARDE PAGE 3	AT W	ORK AT WORK								
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	EXAMINER: CERTIFICATI OULD BE FOR DIRECTOR: I, WITH THE MARYLAND	deat	h resulted from: No	atural couses	Accident . S	iuicide .	Homicide .	Undetermined mai	nner .		
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	A HE HE	SIGN	ATURE	2011	Carin	M.D.	Dep.	MEDICAL EXAM	NER SIGN	Oct 2 6	194
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	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE 1 TO FUNERAL DIRECT AFTER DEATH, WITH TI BARRIWORE, MARYLA	(TYPE	OR PRINT)JOh		M. D.	ADD	DRESS Deputy	Medical	Examiner		
	FDZF49	23a. BURIAL, ((SPECIFY)	CREMATION, REMOVA		23c. NAME OF CE	METERY OR CE	REMATORY	23d. LOCATION CITY OR TOWN	co	UNTY ST	ATE
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STATE OF MARYLAND

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3		STATE OF MARYLAND FOR STATE REGISTRAR STATE REGISTRAR STATE OF MARYLAND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	4 1
	e m e	YPE OR PRINT)	2b. HOUR
	ny be	Jean Marie Kerridge 10-16-81	2/Am
			HOURS MIN.
•		BIRTHPLACE (STATE ON FOREIGN ASPIRED TO CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED MONTGOMETY COUNTY OF DEATH WIDOWED DIVORCED MONTGOMETY COUNTY	MD
201	Tool of the to	akoma Park 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY OF THE PROPERTY OF THE	BUSINESS OR
MARYLAND 2120	The state of the s	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE ADMISSION) 1 STATE ATYLAND 13d. INSIDE CITY LIMITS? YES NO 13d. INSIDE CITY LIMITS? YES NO 13d. INSIDE CITY LIMITS?	
MARYL	ond 2 y	FATHER'S NAME George Albert Kerridge 15. MOTHER'S MAIDEN NAME Beatle	ım
BALTIMORE,	Paget	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO RUNKNOWN) (IF YES, GNOWARD GRATES) 219-64-5767 Alice Kerridge Same as items 13a	1-e
V ST., BALI	ng physics boxpaper: removal c event, the	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PUL MONARY METASTASIS 2 have	ATE INTERVAL ISET AND DEATH
PRESTON ST.,	he death be attend smove co- motion, o	Canditions, if any, which gave rise to immediate course (a), storting the course (b). Storting the Course (b), storting the Course (course (b), storting the Course (course (b), storting the Course (course (cou	3
20	gned by t n please r ourial, cre y, ar athe	Underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:01	
DIVISION OF VITAL RECORDS,	no. hos been signe permit. Then pen prior to bur t	190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NOW YES NOW 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 121. TIME OF INJURY	
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	Spital o Spital o CTOR: y for use of Heo of Heo	22a I certify that (I) (this haspital) attended the deceased from 9/28, 19/81, ta 10/16, 19/81, the saw the deceased alive an 10/15 19/81, and that in (my) (our) apinian death occurred an the date and haur and from the calcabove, (I) (we) (did) (did not) view the body after death.	ot (I) (we) last
•	TAL OR A by the hor RAL DIRECT detached state Dept. NT: If Item	226 SIGNATURE DEGREE MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10/11:7	GNED
	O HOSPITAL stained by t TO FUNERAL should be der with the State MAPORTANT;	122d PHYSICIAN'S NAME (TYPE OR PRINT) KIRKLAND C. BRACE 1600 CARRELL AND THROUGH PARK	140
120	BP		Virginia
DI	HMH - 16 50M 1/B1 (VRA 15, 4)	FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 12 TO 136 GISTRAL TO 137 ROCKVILLE Pike Rockville, Maryland	igan.

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Rockville, Maryland

FOR - STATE

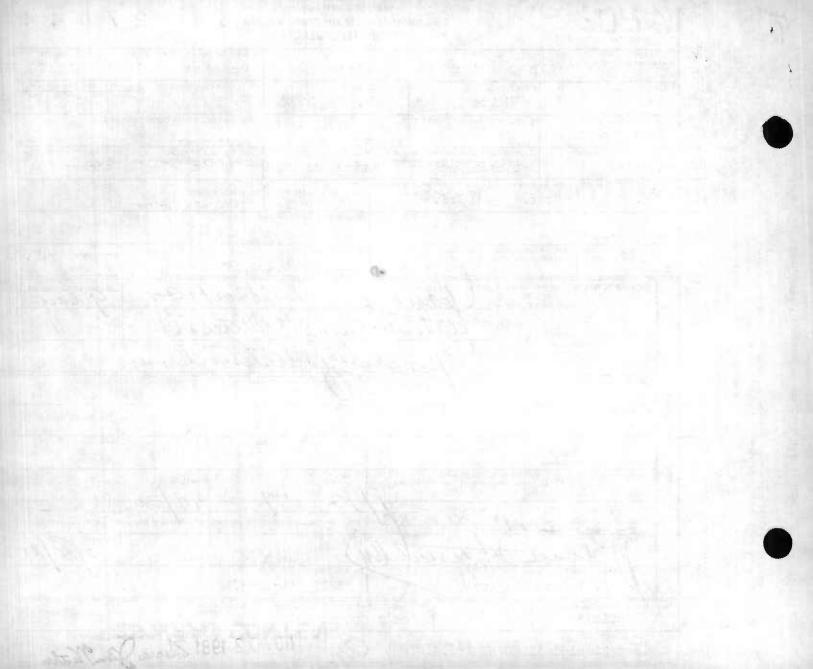
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Rockville Pike

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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η	1 - STATE		DEPARTN		HEALTH AND MENTAL HYG	SIENE O	(5-un						
П	REGISTRAR			CERTII	FICATE OF DEATH	REG	. NO.						
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	WOOD	ROW W	ILŞON		KING		10	10 24 8		8:08p M			
1	3.5EX	4. RACE			OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY)		ERIYEAR	IF UNDER 24 HRS			
	MALE	CAUCA	SIAN	M9NT	20 15	66	YRS	MONTHS	DAYS	HOURS MIN.			
J	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D P NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	ITY OF D	EATH				
9	Maryland	USA		WIDOW	11.0	Mont comery							
	D. CITY OR TOWN OF DEATH	11. NAME OF		G HOME	OR OTHER INSTITUTION	12a USUAL OCCUP	ATION	126	KINDO	F BUSINESS OR			
1	Rockville		Grove Adv		st Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Farm produce salesman							
	USUAL RESIDENCE (IF NURSING HOA	AE OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION		4		защо:	Small	1.7			
5		ntgomery	Clarksb		13d. INSIDE CITY LIMITS? YES X NO	11916 S	s kylark	c Roa	ad				
	14 FATHER'S NAME				15. MOTHER'S MAIDEN NA	AME							
2	Norris	King			Elizabe	oeth Penner							
160	160 WAS DECEASED EVER IN U.S		166 SOCIAL SECU	RITY NO.									
	(YES, NO ORUNKNOWN) (IF YES	S. GIVE WAR OR DATES)	219-10-8		Charles N. 1								
1	THE CAUSE OF DEATH A	II CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) BETWEEN ONSET											
	PART I. DEATH WAS CA	MARTI DEATH WAS CAUSED BY: MARDIATE CAUSE (a) Probable mocredial infaction											
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	& Chion	c obstr	untico	ach	in prison	scase.							
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, V								YES, WER	, WERE FINDINGS USED				
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Ĭ	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURE	RED (ENTER NATURE OF	NJURY IN ITEM I	8 PART I OF	R PART 2)				
	OR CONTRIBUTING CAUSE O	PEATH	M. MONTH DA	Y YEAR	The Carlo								
	(IF EITHER NOTIFY MEDICAL EXAM	21e, PLACE		19	211 LOCATION								
	WHAT ON NOT WHAT	AT HOME, STREET, FACTORY, OFFICE,			STREET	CITYO	CITY OR TOWN COUNTY STATE						
1		11/2/5								A (I) - () I A			
1	saw the deceased alive	220 I certify that (b) (this hospital) attended the deceased from 19 , to 19 , to 19 , that (b) (we) last saw the deceased dive an 19 , and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated upon the date and hour and from the d											
	22% SIGNATURE	d not view the body	atter death.	,	DAGREE	/		12	2c DATE S	SIGNED			
		V 1.1	1	1	ATTENDING PHYSICIAN E	MEDICAL S	TAFF	1	010	45/8/			
	221 PHILIPPANIS NAME TO	YPE OR PRINT)		11-11-11	224 ADDRESS	J DIRECTOR D PHI	SICIAIN	-	1	-10			
		1 1 hart	1-1		11521	. DKI	10	11/12	((2)	0			

23c. NAME OF CEMETERY OR CREMATORY

DHMH-16 50M 1/81 (VRA 15, 4)

APORTANT IF III

23r. BURIAL CREMATION, REMOVAL

Burial

Pct.27, 1981 Clarksburg Meth. M. Funeral Director . Molesworth, P. A., Damascus, Md.

236. DATE

23d LOCATION
CITY OR TOWN
Clarksburg, Montgomery,
EC'D. BY REGISTRAR'S SIGNATURE

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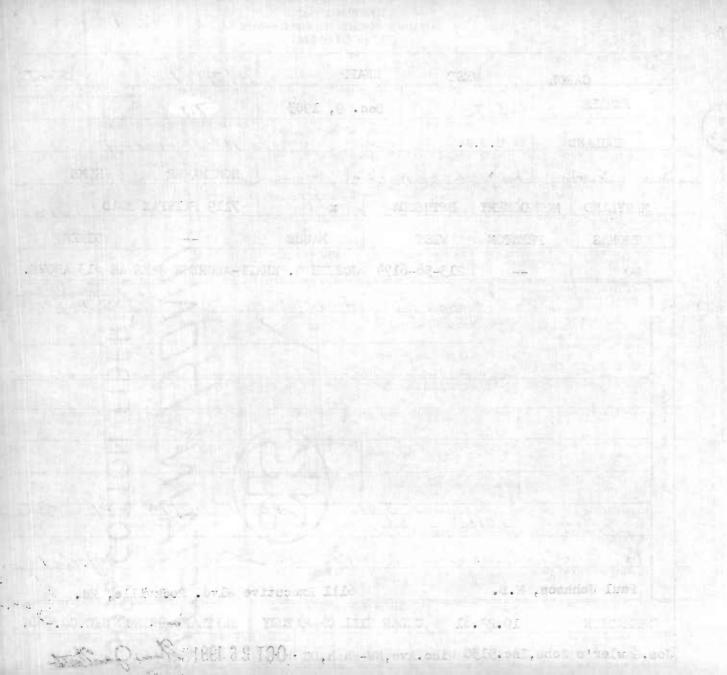
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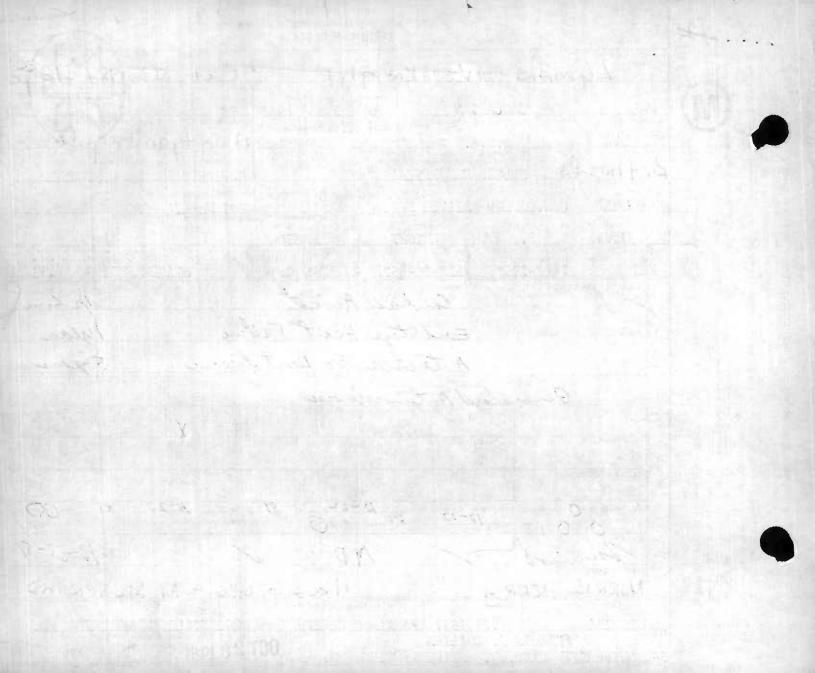
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6	-)	1.	1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.														
			CEASED NAME	FIRST		MIDDLE			LAST			20. DATE KN		MONTH	DAY	YEAR	26. HOUR
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100000	오늘었다는	10. C	ITY OR TOWN	OF DEATH	11. NAME OF H	OSPITAL NU	IRSING HOM	E, OR OTH	ER INSTITU	TION	12a USI	JAL OCCUPA	TION (TYPE	OF WORK	126 KIND	OF BUS	INESS
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	: 5° ∞ ≥ ⊢. □		IB. CAUSE O	F DEATH (Enter a	nly one cause per li	ine for (a), (b), and (c).)							-	APPRO	XIMATE	NTERVAL AND DEATH
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF, TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,								[V]				7				
	A P P P P P P P P P P P P P P P P P P P		22a I certif	y that I taak char	ge of the remains d	lescribed ab	ove, held an	Autap	sy X.	Inspection	n Ц.	Inquiry L	ط, _and	in my op	inian		
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	5 X 4 5 4 8	23 a. E	URIAL, CREMAT	ION, REMOVAL	23b. DATE		NAME OF CE				23d. LC	OCATION OR TOWN		COUN	ity	STA	
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		24 F	UNERAL DIREC	TOR Jose	ph Gawle	r's Sc	ns. Tr	C.		25a. DATE R	REC'D. BY	REGISTRAR	25b. REGIS	TRAR'S SI	GNATUR	100	
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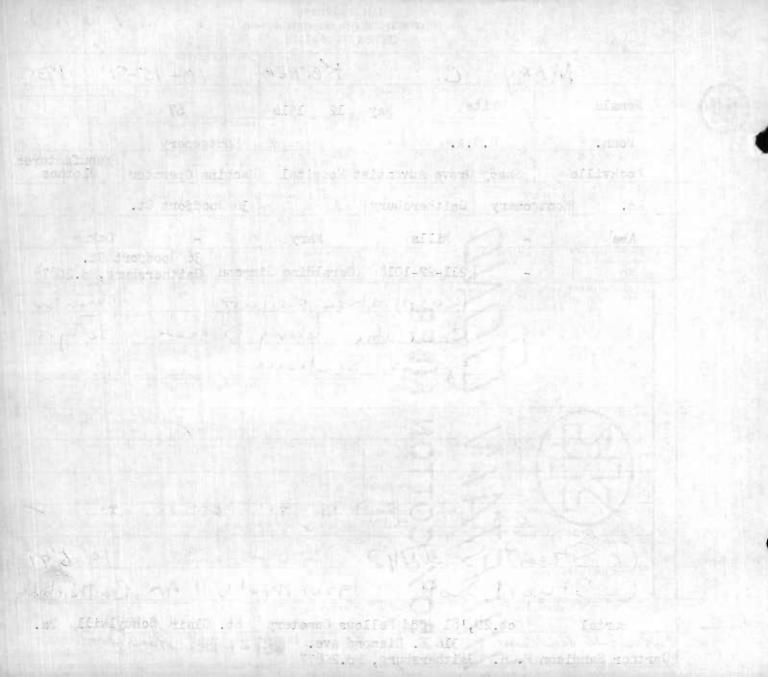
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	FOR STATE REGISTRAR	DEPAI		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	2 / 0 4 /
	DECEASED NAME . FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b, HOUR
((TYPE OR PRINT)	WEST	KN	IAPP	10/2/181	6:457
3.	SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	FEMALE	white	De	c. 9, 1903 AR	77. YI	MONTHS DAYS HOURS MIN.
97	O. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ENGLAND	76. CITIZEN OF WHAT COUNTR	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COU	
10	0 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	1/26. KIND OF BUSINESS O
10	Silver Spring	Chevy Chase	NULS	ing Home	HOMEMAKER	NO LIFE) NOUSTRY HOME
35	JSUAL RESIDENCE (IF NURSING HOME O 30. STATE 135 COUL MARYLAND MON	ROTHER INSTITUTION GIVE RESIDENCE BEINTY TGOMERY BETHE	NWC	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 7119 FAIRFAX	K ROAD
14	FATHER'S NAME			15 MOTHER'S MAIDEN NA		
50		RESTON WEST		MAUDE	WIDDLE	BIRKS
1 16	60 WAS DECEASED EVER IN U.S. AF		CURITY NO.	17 INFORMANT	ADDRESS	
1 16	(YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 213-58	-6174	JOSEPH G. KN	APP-ADDRESS SAM	ME AS #13 ABOVE.
	18 CAUSE OF DEATH (Enter or	nly one couse per fine for (a), (b),	and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (a) A esaire	TONY	Insoffici	ency	2 months
	19860	DUE TO, OR AS ACONSEC	DUENICE OF		/	
	Conditions, if any, which		JUENCE OF			
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	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF			
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1	190. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
de					YES NO	YES NO
91	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
/ 3	OR CONTRIBUTING CAUSE OF DE.	AIR .	19	HOVEN A STATE		
3	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE
3	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC)	214651	CITY OR IOWIN	COOMIT
		ital) attended the deceased from	n. 0 0	14 10 80	10 10/19	. 19 7 , that (IV (we) los
	saw the deceased alive an	10/19 10	and d	nd that in (my) (our) opinion	death accurred on the date and	hour and from the couses stated
	22b/SIGNATURE	ot) view the body after death.		DEGREE		22c DATE SIGNED
] 23	F 01.10	1	,	ATTENDING	MEDICAL _ STAFF	A A / / - /
	22d. PHYSICIAN'S NAME (PRE	tanker	- 1		DIRECTOR PHYSICIAN	19/21/81
1				22e. ADDRESS		
22	Paul Johnson		L NIANT OF T		ve Blvd. Rockv	ille, Md.
23	30. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION			EMETERY OR CREMATORY ILL CREMATORY	23d. LOCATION SILT TILANDEPR	ince Geo.coMD.
24	FUNERAL DIRECTOR			250 DAT	E REC'D. BY REGISTRAR 2000	
7	os.Gawler's Sons	Tno 5130 14 ADDRESS	S A BTT :	110 -1 DO 00		O O O O
J	os. GamTer. s Sons	, THE . DIDO WISC.	Ave, NW	-Wash, DC OC	[26 1981 A	we have the

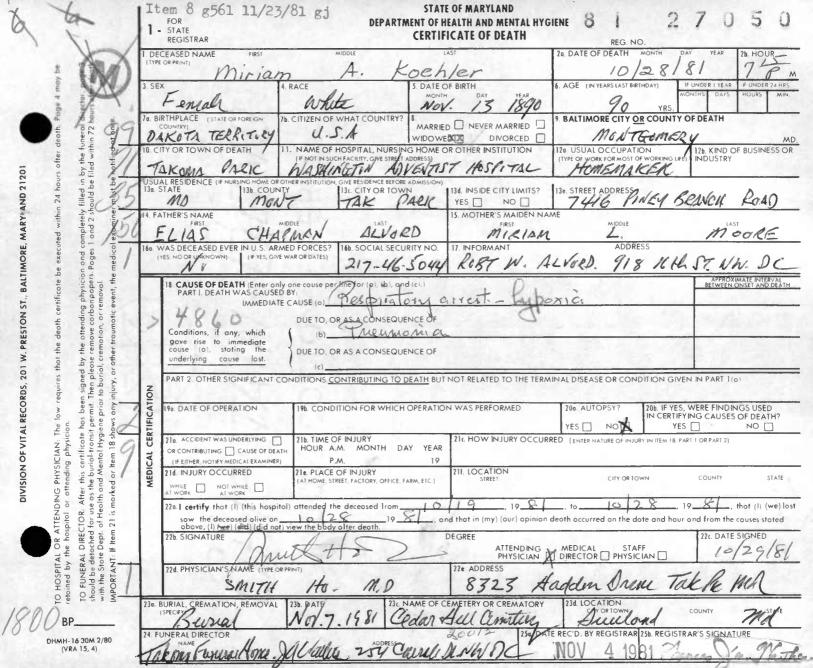
DHMH - 16 50M 1 (VRA 15, 4)





	1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 1 2	7 0 4 9
th 3	(1)	ECEASED NAME PE OR PRINT) • MA	RY C.	KOCHER	7 4	81 1735 M
(M)	3. S	Female	White	S. DATE OF BIRTH MONTH DAY May 12 1914	67 YRS.	UNDER I YEAR IF UNDER 24 HRS.
1	5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penn.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	MD.
by the filed will be notified	5	Rockville		ventist Hospital	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Machine Operator	Clothes
should be	5 130	Md. Monte	other institution give residence before, ITY Sohery Gaithers	burg YES A NO [36 Goodport Ct.	
completely is 1 and 2 sho	0	Abe	Mills	15. MOTHER'S MAIDEN NAM	WIDDLE	Oakum
S. Poges		WAS DECEASED EVER IN U.S. AR {YES, NO OR UNKNOWN} (IF YES, GIV	MED FORCES? E WAR OR DATES) 211-22-1		ිර් ^ල ර්ර්ග් ල් impson Gaithersby	rg.Md.20878
tending physici e corbonpoper on, or removol. umotic event, th		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and D BY. E CAUSE (a) DUE TO, OR AS A CONSEQUE	Iratury Fail	nre Distate	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
signed by the otter then please remove o to buriol, cremotion, njury, or ather troum	7	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	& Scoliosi	NAL DISEASE OR CONDITION GIVE	N IN PART 110
os been permit. I ne prior ws ony ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	DPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
certifico riol-tror entol Hy Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T OR PART 2)
os the but this as the but the and Medor	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY TAT HOME STREET, FACTORY, OFFICE FA	RM, ETC.)	CITY OR TOWN	COUNTY STATE
CTOR: A d for use r. of Heoli m 21 is mo		saw the deceased alive on abave, (1) (we) did (did no	of ottended the deceosed from 19 41) view the body ofter deoth.		to OCT > 10	, that (I) (ve) last and from the causes stated
RAL DIRE detocher tote Depl		22b. SIGNATURE Ste	A Seath		MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED
etoined by the TO FUNERAL I should be deto with the State I IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE O	art Scott	1220 ADDRESS	nt Uill And	Coarthan bun
	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Oct.20, 81 Odd	AME OF CEMETERY OR CREMATORY Fellows Cemetery	St. Clair Schu	vikill Pa.
H - 16 50M 1/81 (VRA 15, 4)	G	artner Sandison	F. H. Gaithersb	Diamond Ave. 25 C	FREQU. BY REGISTRAR	Jan Maria

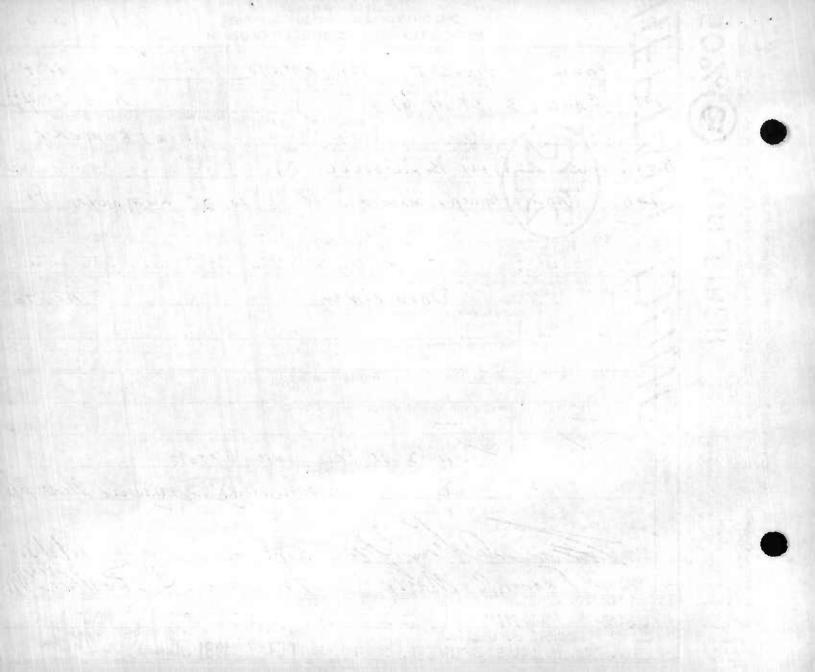




The Rank Interval and MINERAL CARLES AND MARKET PLACE Charles I will be to the control of
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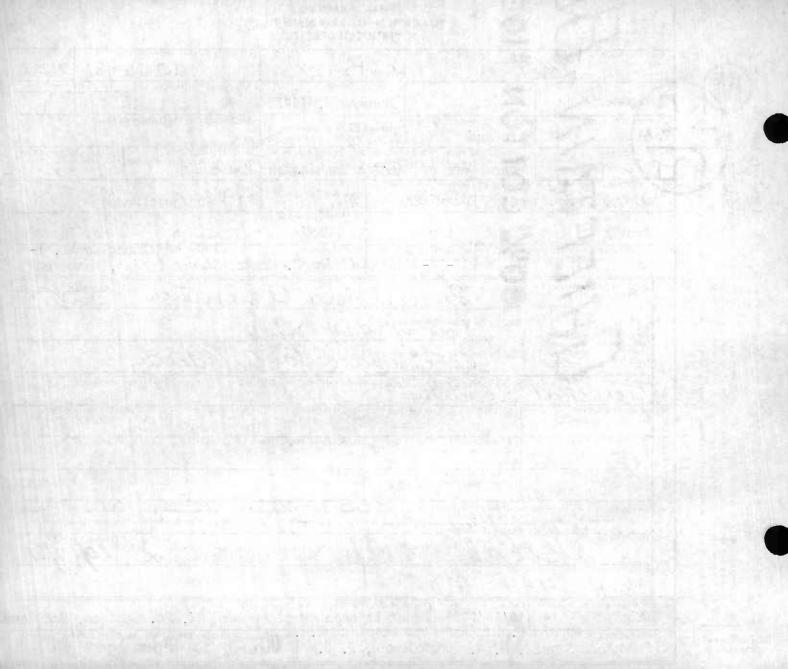
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		-					STATE OF A			12	47 17	l'es	~2
	*	1-	FOR STATE					AND MENTAL		l'a	/ U	3	0
6	. 1	1	REGISTRAR		MEI		MINER'S	ERTIFICATE	OF DEATH	REG. NO.			
47			CEASED NAME	FIRST		WIDDLE		LAST	2e. DATE OF		MONTH DAY	Y YEAR	26 HOUR
	SARSET.		PA	UL	VIN	CENT	KI	PRAME	72 DEATH	MATED	10 3	1981	PM
	취임표명표	3. SEX			5. DATE OF BIRTH	6. AG			R 24 HRS. 2c. DATE		AONTH DAY		28. HOUR
	N. S. S. S. S.		m C	4UC	MONTH DAY	YEAR LAS	YRS.	S DAYS HOURS	MIN PRONOUN DEAD	ICED	10 3	181	1423
	STAM)	7a. B	KIHPLACE (STATE OR		76. CITIZEN OF WH	IAT COUNTRY?	I.B.		9. BALTIM	ORE CITY OR	COUNTY OF	DEATH	-M
	0201117	FC	REIGN COUNTRY)	au a a	"	C A	WIDOW	ED NEVER MARI		-	1021	with 1	
	NA SE	10. C	WASHINGT TY OR TOWN OF DE	ATH, U.C.	11. NAME OF HOS	PITAL NURSING			120. USUAL OCCUP	ATION (TYPE OF	6 0 M	(IND OF BI	USINESS
	される 言名 つう	13	GRNS VILLU	-	(IF NOT IN SUCH FAC	ALITY, GYS STREET AD	ODRESS)	W.	FOR MOST OF WOR	KING LIFE)		OR INDUST	TRY
	DELA 3 TO 1N P. 1N		AL RESIDENCE (IF IN N		OTHER INSTITUTION ON		LISVICE	E 11)	SALES	REPRES	ITA	YLOR	WINES
201	IF ANY DELY 2, AND 3 TO 3. RETAIN P SHOULD BE ALL RECORDS.	13a. S	TATE	136. COUNT	Υ	13 CITY OR TO	NWC	13d. INSIDE CITY LIMITS?	13e. STREET ADDRE	ss /			PI
. 21	SHOPE		MD	mon	roman	KUAITHA	ussinc	YES NO	20,035	LUN	JARY.	1	01
W	ST, 2 PM 3 ND2	14. FA	ATHER'S NAME		MIDDLE	LAST	70	15. MOTHER'S MAIL	44	IDDLE		BAKE1	D
ORE,	O AN P SES		LOUIS			KREAMER			LEN			DAKE	ζ
W. PRESTON ST., BALTIMORE, MD. 21201	FER DEATH, IF FE PAGES 1, 2, FORM PM 3. GES 1 AND 2 SH SION OF VITAL B	I 6a. V	VAS DECEASED EVER ES, NO, OR UNKNOWN)	IN U.S. ARM	VAR OR DATES)	166 SOCIAL SE		17. INFORMANT		ADDRESS	10.10		
ALT			YES	ww	11	579-0	1-9440	RITA LO	IS KREAMER	SAME	AS 13	, (WIFE
	2003 F. 0		18 CAUSE OF DEA	TH (Enter only	one couse per line	for (o), (b), ond ((c).)				B.F.	APPROXIMAT	TE INTERVAL ET AND DEATH
N S	キ ≼≒≲フ.:		PART I DEATH V		BY: E CAUSE (o)	DROT	WNIN	Co				ACL	
OTS	AZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	1	9109			AS A CONSEQU	ENCE OF						
25	THIER IN THE REAL REAL REAL REAL REAL REAL REAL REA	1	Conditions, if gove rise to		(b)								
×.	ON TRANS		couse (a) stating	g the under-	< '	AS A CONSEQUI	ENCE OF					J	
201	UTED WITHI IN PENCIL I EXAMINER SIAL - TRANS OM, OR REAL		lying couse lost	:	(0)								
SO.	G. G. AL AND	150	PART 2 OTNER SIGNIFICAL	NT CONDITIONS C	ONTRIBUTING TO GEATN E	UT NOT RELATED TO 1	INE TERMINAL DISEAS	OR CONDITION GIVEN IN P	APT 1 (a)		1		
DIVISION OF VITAL RECORDS, 201	ATE SHOULD BE EXECUTED WITHIN 24 IN TEWORD "PENDING" IN PENCIL IN ITEM THE WORD "PENDING" IN PENCIL IN ITEM THE BLOSD AS A BURIAL "TRANSIT PER WENT OF HEALTH AND MENTAL HYGIEIN TO BURIAL, CREMATION, OR REMOVAL	Z	100					on condition of the first	ANT TIES.				
E	EAL CAR	CERTIFICATION	19a. DATE OF OPER	ATION	19b. CONDIT	ION FOR WHICH	OPERATION W	AS PERFORMED?			20	AUTOPSY	2
IAL	SHOULD ORD "PE CHIEF A	FIC	-	_		Section 1						_	
2	CERTIFICATE SHO SITING THE WORD DED TO THE CHI E 3 SHOULD BE US E DEPARTMENT OF OPPOSITE THE CHI OF PRIOR TO BURL OF THE CHI OF THE	ER	210. EXTERNAL CAU	ISEWAS	216. TIME OF	INJURY	21c H	W IN ILIRY OCCURR	ED LENTER NATURE OF INJ	IIPY IN ITEM 18 PAP	I OPPART 2)	YES [NO La
Ö	THE W		UNDERLYING 1	OR	HOUR AM	MONTH DAY	YEAR		_ /./.	7-	, , , , , , , , , , , , , , , , , , , ,		
S	ERTIFICATION THE ED TO 1 SEPARTA PRIOR 1	MEDICAL	CONTRIBUTING 214 INJURY OCCUR		P.M.		190 70	CATION	O WATE	R			
Ž	RITING REDED GE 3 SI TE DEP	WE	WHIE WOT	WHILE T	STREET, FACT	DRY FARM, ETC.)		TREET	acry 950	VN	COUNTY	M	west.
	RIE, WRITH REWARDE REWARDE REPAGE 3 STATE DI		AT WORK AT V	VORK	1201	UD	21,	121 PEATIL	well 10	MUSU	ue/	1/1N	11/1
	ATE.		22a. I certify that	I took chorge	of the remains desc	ribed obove, hel	don Autop	sy 🔲, Inspection	on Inquiry	, ond is	n my opinion		
	RECTO VITH THE TRYLAND		deoth resulted from	n: Natur	couses .	Accident	Suigide	, Homicide .	Undetermined mo	nner .			
	XX EERT WIT WIT		-	1		11	//	TITLE (SPECIFY)	/			1.	1.
	SHOUL SHOUL SAOUL SATH, V		SIGNATURE	A Company of the Comp	eceles	Meny	4/1/00	D. Der	MEDICAL EXAM	INER	DATE SIGNED	10/3,	81
	OEA STAN	_		1	a	do			. /	1		2018	1411
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE BORGE 4 SHOULD BE FOR TO FUNECTOR! AFTER DEATH, WITH THE S BATTIMORE, MARYLAND.	-	EXAMINER'S NAME (TYPE OR PRINT)	PRA	wes C	MAY	45	ADDRESS 200	Wisconsia	18/00.	PETA	less).	4 11/0
	DAY STAN	23a. B	JRIAL, CREMATION, I		b. DATE	23c. NAME	OF CEMETERY O		23d. LOCATION		COUNTY		
080	BP	(5	BURIAL		10/7/81	GATE	OF HEA	VEN	\$1 LOCATION STLVER SP	RING	MONT	Γ	MD.
		24. FI	JNERAL DIRECTOR	RANCT	J. COLL			25e. DATE			AR'S SIGN		
	DHMH - 17 (VR A15 ME (5))	500	1.1.5.1.5.1.16				20901	DCT	7 1981 2	Sciences	Jan	laren	1
		$\nu \nu \nu$	MINTA POTA			1211U 4 111U 4	-0/0/	1001		ala .			

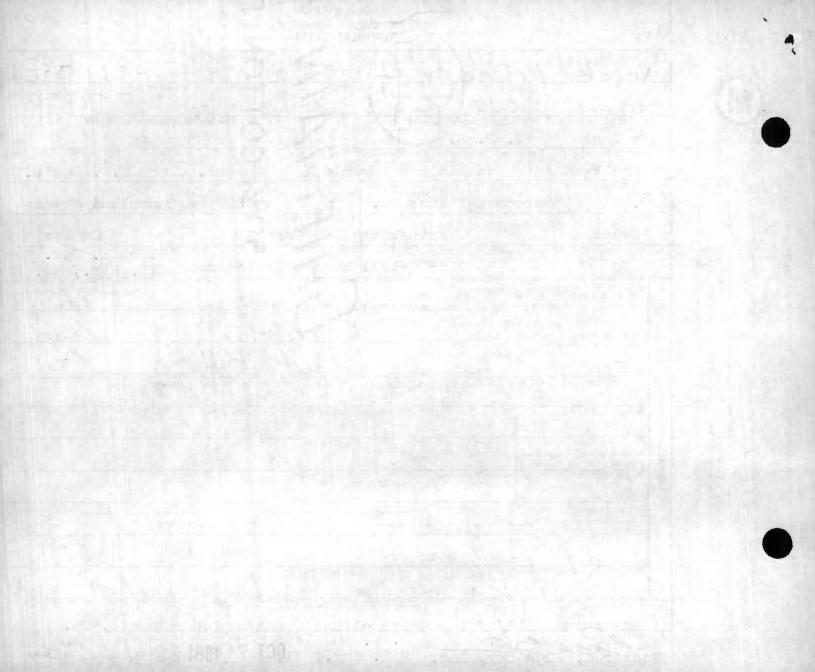


2		FOR			DEPART		E OF MARYL		HYGIENE		2	7 () 5	4
	1.	STATE REGISTRAR			MEDICAL	EXAMIN	R'S CERTII	FICATE C	OF DEAT	H RI	EG. NO.			
W .: . W.		CEASED NAME OR PRINT)	ie First Irma		WIDDLE		Kryzan	oweku	20	OF EST	- =	10/2°	9 19 81	2:30
PLEASE ECTOR. FILES. HOURS	3. SEX		4. RACE	5. DATE OF B		6 AGE (IN YEA	S IF UNDER 1 Y		24 HRS. 20			/	DAY YEAR	P. M
PEASE DIRECTOR. OUR FILES 77 HOURS	2	emale	White	Feb. 1	, 1890	91 YR	Months Bars			ONOUNCED		10/29	9 19 81	P. M
3本を主張	7a. BI	RTHPLACE (S	STATE OR	76. CITIZEN	OF WHAT COU	NTRY?	MARRIED	NEVER MARR	1ED 9.	BALTIMORE	CITY OR C	OUNTY C	OF DEATH	1141
第		Wiscon	sin	U	SA		WIDOWED .	DIVOR		Montg	omery	Cour		MD.
发现 9/	7			(IF NOT IN S	UCH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INST		12a. USUA FOR MO	L OCCUPATIO ST OF WORKING LI	N (TYPE OF)	WORK 12b.	OR INDUST	ISINESS RY
200		lver S		Manor OR OTHER INSTITUTION			Nursing	Home	Pos	tmaste	r		US.	Gov:
RE, MD. 21201 EATH. IF ANY DE ES 1, 2, AND 31 IP M. 3. RETAIN NND 2 SHOULD MUITAL RECORD	2 13a. S		III COU	nty rfax	13c. CIT	Y OR TOWN xandria		OE CITY LIMITS?	13e STREE	TADDRESS D W. Br	addoc	k Ros	ad	
AD. 4. IF		THER'S NAM			1.120		15. MO	THER'S MAID				11 2100		
DRE, MA DEATH. GES 1, MA PM MAND 2	D	avid C	eorge	MIDDLE	Fte	ell		Rosa		n/a		0~-	LAST	
BALTIMORE, MI SS AFTER DEATH, GIVE PAGES 1, WITH FORM PM, WITH FORM PM,	/ 160. V	AS DECEASES, NO, OR UNKNO	DEVER IN U.S. AL	RMED FORCES?	16b. SO	CIAL SECURITY	NO. 17. INFO	ORMANT	1	AD	DRESS	Rio 1	Kem pe	n C4
ALTI NE NE AGE 1SIO	No		Non		535	-44 -04 (2 Con	etantir	a Krs	zanow				
TON ST., BALT 24 HOURS AFI ITEM 1B. GIVE ITEM B. GIVE FRENG WITH F FRENG GIENE, DIVISIG OVAL.		IB. CAUSE C	OF DEATH (Enter o	nly one couse pe					,	- DOLLO Y			APPROXIMATI BETWEEN ONSE	FINTERVAL
N SI HO ERW PERWE		PARTIDI	EATH WAS CAUS	ED BY: ATE CAUSE (0)_	Acute	myocard	ial dise	ease						
STO N STO		43	91	DUETO	O, OR AS A CO	NSEQUENCE C	F							
A A NS	-		ms, if any, which		chroni	с туоса	rdial di	sease.					Years	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN TEEN IS GIVE PAGES 1, 2, AND STOED TO THE CHIEF MEDICAL, EXAMINER ALONG WITH FORM PM. 3. RETA SE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1, AND 2 SHOULD TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECO		couse (o lying co) stoting the <u>under</u> use lost.		O, OR AS A CO	NSEQUENCE C	F		DIT T				- 67	
DS. YELL BUR AND ATTIC		PART 2 OTNER S	IGNIFICANT CONDITION	S CONTRIBUTING TO	DEATH BUT NOT REL	ATEO TO THE TERMI	IAL DISEASE OR CONDI	ITION GIVEN IN PA	ART 1 ini					
RECORDS LID BE EXE PENDING F AEDICAL ED AS A BL HEALTH AP L. CREMAI	Z				None									
PEN A	CERTIFICATION	19a. DATE OF	F OPERATION	19b CC		WHICH OPERA	TION WAS PERF	ORMED?				2	0 AUTOPSY	?
F VITAL RE SHOULD WORD "PE CHIEF N D BE USE A ENT OF HEA	<u> 구</u> 볼	None											YES 🗆	NOTE
NEW CORP.	7 8	21a EXTERN	AL CAUSE WAS	21b. TIA	AE OF INJURY	DAY YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTERNAT	TURE OF INJURY IN	ITEM 18 PART	OR PART 2)		
S HI OO THE	1 8	UNDERLYING CONTRIBUTI	G □ OR ING □ CAUSE OF		P.M.	19 19	None)						
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL.	MEDICAL	21d. INJURY		21e PL	ACE OF INJUR T, FACTORY, FARM,		211 LOCATION STREET		(CITY OR TOWN		COUNTY	1	STATE
NER: TI CATE, FORE PV THE ST AND, 2			ify that I took char	137	ns described ob		Autopsy .	, Inspectio	_	Inquiry X	ond in	my opinio	on	
STIFE SECTION OF THE		death result	ted from:	prof couses LA	1	Sui		omicide	Undeterr	nined monner	<u> </u>			
X S S S S S S S S S S S S S S S S S S S	300	ACTUAL		21	1	44		e (specify) Deputy				DATE SIGNED_	10/30	/81
SE SE SE	h 2	SIGNATURE	7	-6	-	1	1		Semina	al examiner ary Roa	d	SIGNED_	10/_)0	701
MACOUTE A LANCE	4	EMALMINER'S	NAME Joh	n S. Ro	gers. M	.D.	ADDRES		r Spri	ing, Mo	ntgom	erv.	Md.	
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a B		TION, REMOVAL				ETERY OR CREM		23d. LOC.					
	1 (9	remat					ll Crem			and, P	rinco	COUNTY		TATE
BP			Chamb	ore		7442 111		25a. DATE		EGISTRAR 25			JATUR	
DHMH - 17 (VR A15 ME (5))	8	655 G	rorgia A	ve, Sil	ver Spr	ing, M	d.20190	1/1	UV 4	1981	Morce	o Ya	an/ last	her

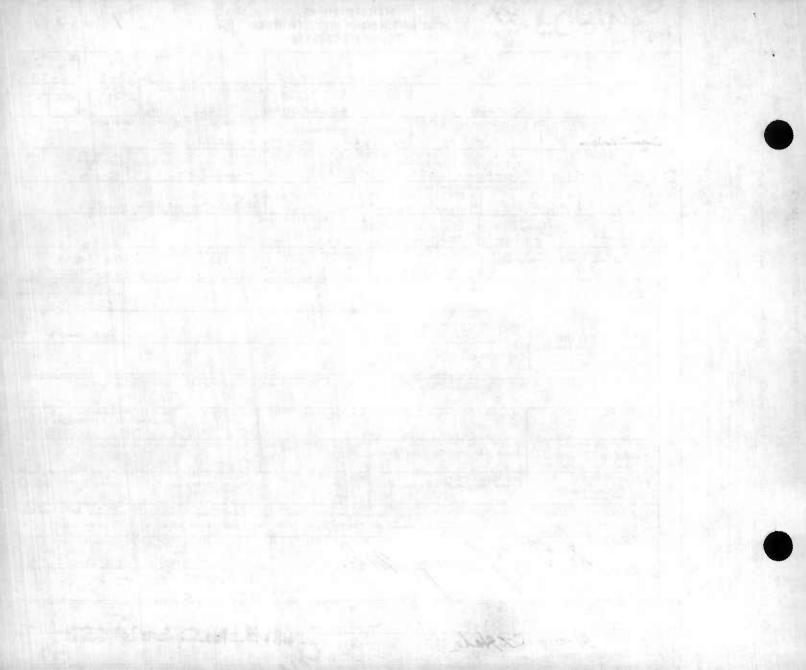
STREET AND THE PROPERTY OF THE Cardinates and our sale light southern and the management of the contract of the last of the contract of the c



6	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH		2 5. NO.	7 0	5 6
		CEASED NAME SAL	2/1	rivat	EL Y	La	ECZKA.	20. DATE OF DEAT	4-8	3	b. HOUR 3 CL M
(M)	10 B	emale RTHPLACE (STATE OR FO	05.60	cay	WHAT COUNTRY?	3 Nonth	-XXX3 - YEAR	66	YRS	ONIHS DATS	HOURS MIN.
deoth.	N	ew York	ı	U.S.	A.	WIDOWE			gomery	OF DEATH	MD.
by the further defined within	Ta	koma Park		(IF NOT IN SUC Was	shing tor	address)	ROTHER INSTITUTION entist	120 USUAL OCCUP	ST OF WORKING LIFE	12b. KIND OF I	
AND 21;	13a. 5	AL RESIDENCE (IF NURSIN STATE 1	3b COUNT	Υ	GIVE RESIDENCE BEFORE 131 CITY OR TOWN TAKOMA	/N 1	13d. INSIDE CITY LIMITS?	13. STREET ADDRE	stmorel	Land Av	enue
MARYLAND red within 24 ond 2 should comine mus	14 F/	James	MI	DDLE	Priva	ateer	15. MOTHER'S MAIDEN NA FIRST Sarah	ME		Cami	
BALTIMORE, cote be executioned complete. Pages 1 vol. t, the medical		VAS DECEASED EVER IN VES. NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	075-05-		Normandie	Peterson	DRE716 S D Sil.	Sil. Sp Spr.,	r. Ave
W. PRESTON ST., BAI or the death certificate y the attending physici re remove carbonopapea cremation, or removal.		18 CAUSE OF DEATH PART I. DEATH WA Conditions, if any,	MMEDIATE	CAUSE (a)	R AS A CONSEQUE	me	rebil Heno.	rhose		APPROXIMA BETWEEN ON 30	SY S
es the property of the propert	NC	gave rise to imme cause (a), stating underlying cause	the last.	(c)	R AS A CONSEQUE	- 4	1) 4 ketes NOT RELATED TO THE TERM	Aul j	ONDITION GIVE	N IN PART 1(a)	RYS
TALRECOR	CERTIFICATION	19a DATE OF OPERATE				OPERATION	I WAS PERFORMED	200 AUTOPSY?	IN CERTIFY YES		S USED F DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require of the order of the control of the this certificate been signs the buriol-tronsit permit. There is and Mental Hygiene prior to be arrived or teen 18 shows ony injury	MEDICAL CE	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE	USE OF DEATH	P./ 21e. PLACE (M. MONTH DA M. OF INJURY	19	21t HOW INJURY OCCURI				
DIVISION PROPERTY PARTER THE COST PROPERTY PROPE	WE	WHILE NOT WHILE AT WORK 220.1 certify that (1)/(1			EET FACTORY OFFICE F	ARM ETC)	STREET	CITYO	RTOWN	COUNTY	STATE
R ATTEND hospital in IRECTOR: hed for using them 21 is refilted.		sow the deceased abave (II) (we) (die 22b. SIGNATUR	alve an_	400	19	,	d that in (my) (aur) opinion	deoth occurred an th	e dote and haur	9, the and from the car 22t. DATE SIG	
SPITAL O d by the NERAL D be detoc te Stote D,		22d. PHYSICIAN'S NAA	AE YTYPH OR P	RINT)	Jus.		ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL S DIRECTOR PHY	TAFF SICIAN [1200	W
TO HOSPITA reformed by TO FUNERA should be di with the Stor	23a E	URIAL, CREMATION, RE	MOVAL	23b. DATE	1 bowish	AME OF CE	METERY OR CREMATORY	Lew Jary	White A	We,	J. J. My
170/BP	(Crematio		10/5/8	l Met	ropo	litan Crema Box 7428DAI	tory Ale	xandri	a, Va.	STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)		JAN TANA	Pumpi	irev.			Spr., MaOCT	7 1981	Frances	Van Na	other

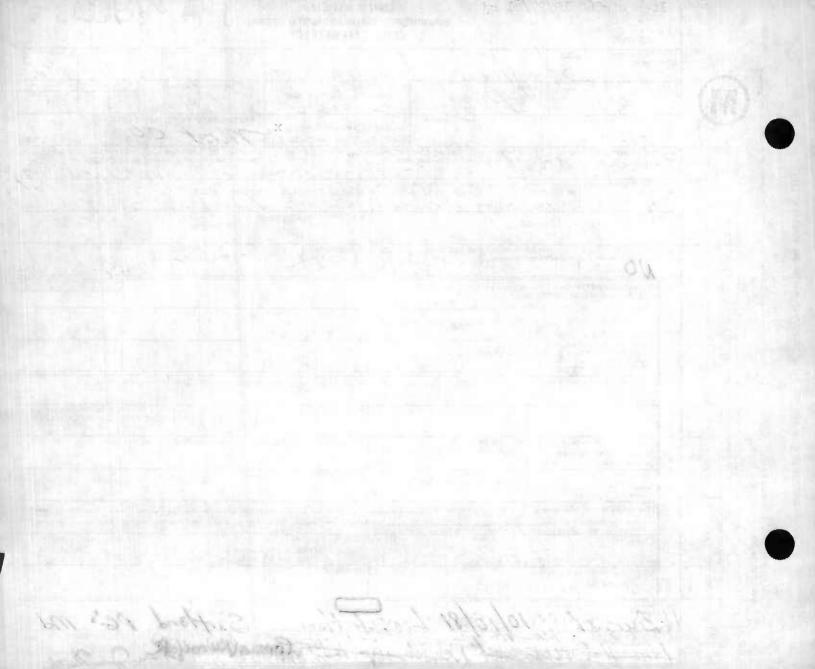


4	1		1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 2	7057
	-	-		ECEASED NAME FIRST	MIDDLE	LAST	24 DATE OF DEATH MONTH	DAY YEAR 26. HOUR AM
	y be	f m.s		Avis		Lahev	10-	-17-81 4:30 M
	4 ma	AI)	3 S		4 RACE	S. DATE OF BIRTH 1894	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Page	- 6		Female	White	11 36x1898	95 86 YRS.	
	eath.	ed at	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		Y OF DEATH
	after de the fune within 7	100	10.1	New York		WIDOWED K DIVORCED I	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
	by the	be de	9	ilver Spring	Carriage Hil		HOUSEWIFE	HOME
	C C =	SIDE TO	USI	JAL RESIDENCE IN NURSING HOME OF STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		L_nome
	within 24 I tely filled i should be	Jag A) 130	Md. Mon			3514 Cummings	s Lano
3	with tely shou	exa	14. 6	ATHER'S NAME	2	15 MOTHER'S MAIDEN NA	AME	
-	T 00	たり	0	~	module rederic Pell ho	am TDA	WIDDLE	LAST
	xecuted compli	The I	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		35140 Cumm	Avis
	e be ex	the		(YES, NO OR UNKNOWN) (IF YES, GIVEN N/	WAR OR DATES	-1831Avis L. Bec	rkler Chown	Chase Md 20815
		event,	-		lly ane cause per line for (a), (b), an		THEY CHEVY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9.4	ertificat physici papers.			PART I. DEATH WAS CAUSE	D RY	atory Arrest		
	0, -	on, or rem traumatic	-	4860		-		2 Hours
	ttene e car		1	Canditions, if any, which	DUE TO, OR AS A CONSEQUE Pneumo			10 Days
T I	he a	other		gave rise to immediate cause (a), stating the	(8)			10 Days
S IN	D (1)	0 5	1	underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF		
adnire	igned n plea	injury,	1.	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
Ne.	The	ws any ii	CERTIFICATION					
ne	te has b	shows	Ş	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
2 6	t pe	n 18 shor	1 =					ES NO
200	ysician ertifica transit	Item 1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	RRED CENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
-	g pri his c	ē 5	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
TA DAIL	After t	marked or Ite	MEI	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE, I		CITY OR TOWN	COUNTY STATE
CHAPT	or att	21 is m	П	22a L certify that (I) (한글등장(과	attended the deceased fram_	10-13 19 79)_ 10 <u>10-16</u>	. 19_81, that th (we) last
LT- V		. от вт 2			1) view the body after death	81 , and that in (MM our) apinion	death occurred on the date and ha	our and from the causes stated
ĺ	DIRECT hed for t	If Ite		226. SIGNATURE	11/1/1	DEGREE		22c. DATE SIGNED
d	y the RAL detach	NT:		1.6	· Young	ATTENDING PHYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	10-16-81
	ed by the	TAI		224. PHYSICIAN'S NAME ITYPE O	R PRINT]	27e ADDRESS 4530	Connecticut	Ave N W
HC		MPORTANT:		D. V. Young	I MO		nington D.C.	
7	TO F	3 = -	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY OF STATE
F	BP			Burial Burial	10-21-81 Ni	ne Partners on	14:22 M D	Or Destans
	DHMH-1	COEL	24	FUNERAL DIRECTOR STOWN		Georgia Ave	T REC O BYRE GERARY & REGI	STRAR'S SIGNATURE
	(VRA 15,		W	arner E. Pump	hrey Inc.Silv	er Spring Md		
			-			THE RESERVE OF THE RESERVE OF THE PERSON OF		



Mark we that

	1 1	tem 8 g560 10/27	7/81 gj	STATE OF MARYLAND	ďa i	07050
	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		21001
	I DE	CEASED NAME FIRST	/ MIDDLE	LAST	REG. NO	D. MONTH DAY YEAR 26 HOUR
		S + Y	enhen	Lamp Kin	/	0-6-81 14A
4-06e	3 SE	m	Black	S. DATE OF BIRTH MONTH DAY YEAR 2 22 01	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
death. P	70 B	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	ans L. I	R COUNTY OF DEATH
by the function of the st begon	10 C	atoma for A	1. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATI	ON 12h, KIND OF BUSINESS (INDUSTRY)
24 ho	130	AL RESIDENCE (IF NURSING HOME OR O	Y / IJC CITY OR TOV	NN / 134. INSIDE CITY LIMITS?	130. STREET ADDRESS	11135 Willy 3
ed within Soletely fille	14. F	ATHER'S NAME FIRST MR	oble LAST	15 MOTHER'S MAIDEN N	NAME MIDDLE	LAST
e be executed an and comple Pages 1 and 2		NAS DECEASED EVER IN U.S. ARMI YES, NO OF UNKNOWN! (# YES, GIVE W		URITY NO 17 INFORMANT	- Stackey	10 49- 100 4
that the death certificate by the attending physicia e remove carbon papers. I, cremation, or removal.		Conditions, if ony, which gave rise to immediate cause 101, stating the underlying couse lost.	DUE TO, OR AS A CONSEOU PENCE OF PENCE OF OIL	A44 ~	BETWEEN ONSET AND DEA	
iw requires een signed k Then please or to burial any injury,	N N	PART 2 OTHER SIGNIFICANT CO	(3)	DEATH BUT NOT RELATED THE TER		DITION GIVEN IN PART 1(0)
I: The la	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
HYSICIAN physician. is certificat rial-transit plental Hygin or Item 18	1	210 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	No. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2}
NDING PHYSIG attending physics 3. After this cert in the burial-tra in and Mental it rked or Ite	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TOW	N COUNTY STATE
OR ATTEN hospital or a DIRECTOR:		27s.1 certify that (I) (this haspital saw the deceased alive on above, (I) (wg) (dig) (did not)	10 3 19	ond that in (my) (our) opinio	n death occurred on the do	te and hour and from the causes stated
AL tack		224 SIGNATURE	Hawe-		MEDICAL STAF	F AN DATE SIGNED
HOSP ined b FUNE uld be uld be		SMITH S. H		27e ADDRESS 8823 Ha	ddon DR.	Takoma PK md.
BP	230	BURIAL CREMATION, REMOVAL	10/10/81 23c	HAME OF CEMETERY OF CREMATORY	23d LOCATION	nd PG's Md
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR	drock 1955	Na Cap NW	ATERECO AV REGISTRAR	THE GISTRAR'S SIGNATURE



	1-	FOR - STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		2	70	6 0
		CEASED NAME FIRST		MIDDLE		LAST	REG. N 20. DATE OF DEATH		DAY YEAR	26 HOUR
	(TYPE	WAYNE	N	ELSON	I	ECHNER	OCTOBER	29.	1981	5:00a M
	3. SEX	X	4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	M	ALE	CAUC		MAR		20	YRS.	MONTHS DAYS	HOURS MIN.
7/	AL BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED X	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
2	400	ENNSYLVANIA	USA		WIDOW	ED DIVORCED	MONTGOMER	Y COU	NTY	MD.
1	B	ETHESDA	NATION	AL NAVAL	MEDIC	CAL CENTER	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O			OF BUSINESS OR
5	Dio. S	AL RESIDENCE (IF NURSING HOLD STATE IN LAN	OR OTHER INSTITUTION. UNTY CASTER	GIVE RESIDENCE BEFORE 13c. CITY OR TOW LANCAST	/N	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 880 GAIL F	LACE		
1	14. FA	ATHER'S NAME FIRST	WIDDLE	LAST	100	15. MOTHER'S MAIDEN NAM	ME		LAS	
7		ONALD N.		CHNER		BERTHA D.	SMITH		t A S	
5	(Y	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, (ARMED FORCES? GIVE WAR OR DATES)	197-52-8		BERTHA D. SM	ITH 880 GAI		CE	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per							MATE INTERVAL
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OI	PLEOMORPH r as a consequi r as a conseque	ENCE OF	ARCOMA				
		PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIV	EN IN PART 110	
	ō.	CANCER			100					
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO	206. IF YES IN CERTIF YES	, WERE FINDIN YING CAUSES S	OF DEATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P.	ART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) (this has	pital) attended the	e deceased from_	18 S	EPTEMBER 19, 81		BER	19.81	that (I) (we) last
		sow the deceased alive a above, (1) (wg) (did) (did	not) view the body	ofter death.	, 01	nd that in (my) (our) apinion o	death occurred on the d	ate and hour	ond from the	zouses stated
		226. SIGNATU	floods	2-12		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	29 81
1		22d. PHYSICIAN'S NAME (TYPI	11	-		22e ADDRESS				(
		KENNETH M.	LEE, LT,	MC, USNR		NATIONAL NAV	AL MEDICAL	CENTE	R	
	(1	URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	1	Burial	11-2-	-gT Ce	dar L	awn Cemetery	Lancaste	r, Lar	ncaster	Co., Pa.

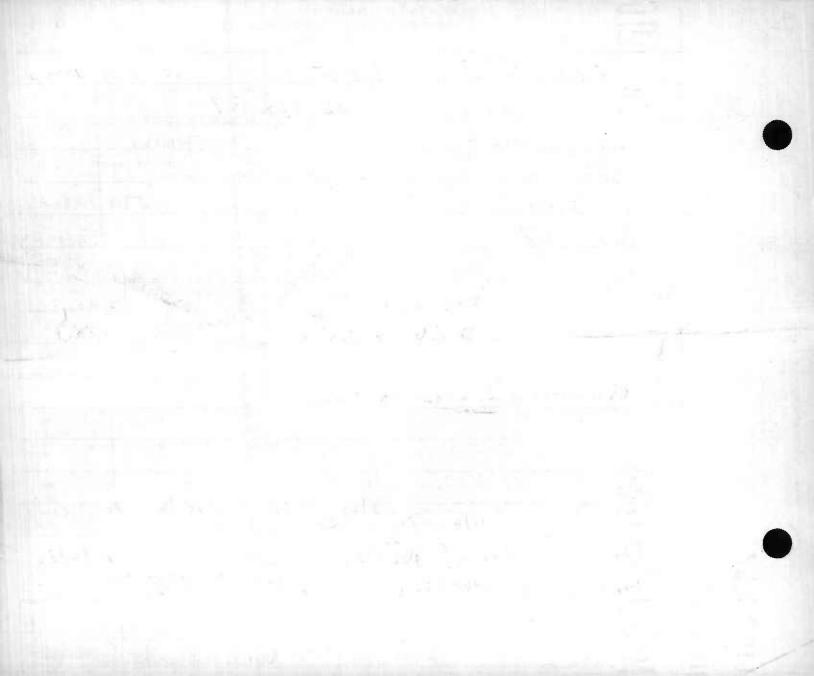
DHMH - 16 50M 1/81 (VRA 15, 4)

Lancaster, Lancaster Co., Pa.

24 FUNERAL DIRECTOR Fred F. G Groff, Inc. 234 W. Orange St., Lancaster, Pa.

The second of the second E S C X MOVO S 1981 S OVOM

X	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.	7061
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ge 4 may	3. SE	FEMALE	A RACE S. DATE OF BIRTH MONTH DAY VEAR G 94 87 VRS	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	5	RTHPLACE (STATE OR FOREIGN DUNTRY)	WIDOWED DIVORCED MARRIED MONTGOMEN	ý MI
400	K	NO ING CN	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THANOR CIPCLE NURSING HOME IN THE INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIE THOUSE WIFE THE PROPERTY OF THE PROPERTY OF WORK FOR MOST OF WORKING LIE THE PROPERTY OF WORK FOR MOST OF WORKING LIE THE PROPERTY OF WORK FOR MOST OF WORKING LIE THE PROPERTY OF WORK FOR MOST OF WORK FOR MOST OF WORKING LIE THE PROPERTY OF WORK FOR MOST OF WORK FOR MOST OF WORKING LIE THE PROPERTY OF WORK FOR MOST OF WORK FOR WORK FOR WORK FOR MOST OF WORK FOR MOST OF WORK FOR	126. KIND OF BUSINESS OF
ly filled in should be		md fre	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. CITY OR TOWN 131. CITY OR TOWN 132. INSIDE CITY LIMITS? 130. STREET ADDRESS 12 YES NO 1848 PLR ASAM	View Road
omplete		lohn U	IDDLE LAST LAST PRIST VITGINIA LELLEY Lee MAYY VITGINIA	Thomas
be executor and or s. Pages		VAS DECEASED EVER IN U.S. ARI IES, NO OR UNKNOWN) I IF YES, GIVE NO	ADDRESS ADDRESS 214-54-0260 Mr WILSON LLEE BIG WEEDS R	d RT2 Dickerso
rtificate g physica on paper emovol	2	PART I DEATH WAS CAUSE	y one couse perim for (a), (b), and (c).) BY: E CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2- days
ot the death by the ottendi se remove coi cremotion, o		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	year
quire signe hen p to bu	No.	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	EN IN PART 1(a)
hos been permit.	CERTIFICATION	190 DATE OF OPERATION	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
F 5 5 5 5 5		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	ART I OR PART 2}
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ATTENDIN hospital or of RECTOR, Aft sed for use as into the office of th		sow the deceased alive obove (i) we) (did) (did no	Niew the body ofter death.	19, that (1) (we) last r and from the couses stated
		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	10 6 8
TO HOSPITAL OFF		22d PHYSICIAN'S NAME (TYPE OF	C SHARFEL KENSINGTON, MI	D-20295
BP	L '	DUYIAL DUYIAL	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CHOOR OWN FUND FOR CHORDOWN Frederick	fred md
DHMH-16 20M (VRA 15, 4) 7/78	24. F	NERAL DIRECTOR	263 W. PATRICKST OCT 9 1981	RAR'S SIGNATURE



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14 FUNERAL DIRECTORS on Wheeler Funeral Home, Inc.

1331 Rodkville, Pike Rockville, Maryland

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

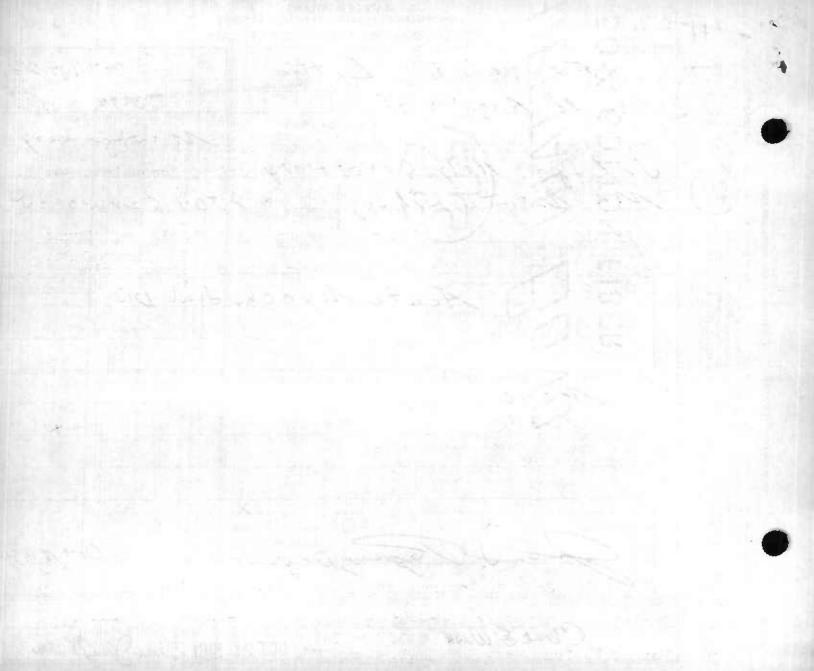
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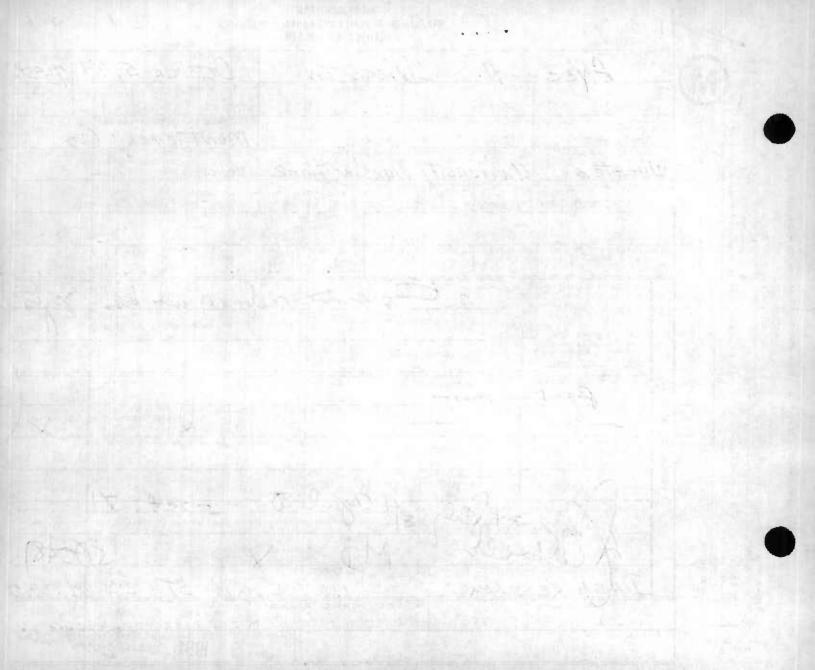
	8		1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR							
					,	MIDDLE	Li	ST			DAY YEAR	2b. HOUR
	ay be age 3 deoth		[JAb	SUE		S.	IINTE	ITCUM	ОСТО	RER 1	13 1981	4:45PM
	page er deot		3. SE		4. RACE	J.	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST I		IF UNDER I YEAR	IF UNDER 24 HRS
	tar off		F	FEMALE	CAUCASI	AN	March	24 1908	73	YRS.	MONTHS DAYS	HOURS MIN.
	1		Jo. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY		Y OF DEATH	
		BS		Maryland	United	States	WIDOWE		Montgomer	ry		MD.
9		pa	10. C	ITY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	120. USUAL OCCUPA	TION	12b. KIND O	F BUSINESS OR
to t	P P	₽/C	F	Rockville	110 S.	Washing	ton St	reet	Homemaker	A WORKING LI	None None	
24 hou	filled in cold be	BS	TJa.	AL RESIDENCE (IF NURSING HOME OF STATE 136. COL		136 CITY OR TOWN		13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	s ash i ngt	ton Stre	et
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s p	ond .	\$5/		Alexander	······································	Somerve	11	Anne	Maria		Parra	
ecut	d co	ico		WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS	STALL OF THE	
e ex	Poges	medi		no	IVE WAR ON DATES!	216-46-6	6498	Dr. Wm. A. Lint	hicum (same	as 13	3e)	
ote b	pers pers	t, the		18 CAUSE OF DEATH (Enter of	only one couse per	line for (o), (b), on	d (c).)				BETWEEN	MATE INTERVAL
tifice	n pa	vent		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	CARD	IAC	FAILURE			10	DAK
deoth cer	attending ove carbo ition, ar re	oumatic e		Conditions, if any, which		RASA CONSEQUE	M MD	y pareny	Disease	SE	15	Yeprs
thot the	a by me eose rem al, crema	or other tr		gove rise to immediate couse (a), stating the underlying couse lost.	(Ic)		CRIO	scherosis			26	YEBPS
requires	Then pl	injury, o	NO	PART 2. OTHER SIGNIFICANT		PILURE, PARK		NOT RELATED TO THE TERM	MINALOISEASE OR CONDITION GIVEN		DRT1	MITIS
No.	hos bee t permit.	huo smi	CERTIFICATION	19g. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	OF DEATH?
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STATE OF MARYLAND

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No 3	1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 2	/ 0 / 0
noy be		CEASED NAME FRST	MIDDLE .	15. DATE OF BIRTH	20. DATE OF DEATH MONTH 10	DAY YEAR 26, HOUR 25
19e 4 n		Female	White	April 5 1900	81 yrs.	MONTHS DAYS HOURS MIN.
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s after de	10 0	ity or town of DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT Schoolteacher	126. KIND OF BUSINESS OR
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ampletely and 2 sh	IA F.	ATHER'S NAME FIRST Thomas	MIDDLE LAST	an , M. D. Amy	ME	letcher
n and ca		WAS DECEASED EVER IN U.S. AR		ECURITY NO. 17 INFORMANT	12249 Baugher	Rd. 21788
ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs or after this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please move carbanopapers. Pages 1 and 2 should be filled than the amount by an exemption of the proof of the action of the proof of the proof of the proof of the prior to buriol, cremation, or remanded.			DUE TO, OR AS A CONSE	QUENCE OF Arterios	sis clecosis	BETWEEN ONSET AND DEATH IO CO. I U.
Ysician. Ysician. Ysician. Cate has been signed ansit permit. Then ple anygiene priar rab burier to B shows any injury, or	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	TO DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED	AIN AL DISEASE OR CONDITION GIVE 200. AUTOPSY? YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{D} \)
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TO HOSPITAL retained by the TO FUNERAL should be detined with the Store		James R.V	Moore Jr	207 Brook	Les Ave Gais	hersbury hal
0000 BP	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	10/13/181	Oak Hill Cemetery	23d. LOCATION CITY OR TOWN	DEBUNEY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	Sold Rele Sand	Son 316. F. H. Gaithe	piamond Ave., Off	TERRES OF THE STRANGE AND ALCOHOL	MESIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) 844 OF ESTI-Kenneth Maass 10-30-81 DEATH MATED A. 4. RACE 3. SEX 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS. DATE OF BIRTH DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 10-30-81 Male Nov. 14, 1903 Cauc. DEAD Th CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Montgomery United States Wisconsin WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS Bu PRINDUSTRO f Suburban Hospital Bethesda Sales Mgr. en. Natl. Affair SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland NO 17809 Custer Road YESK Montgomery Bethesda 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST FIRST LAST Lear Bertha Maass 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 387-07=7749 Christine B. Maass Same as 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT THE REALLY WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYB BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMO Conditions, if ony, which Vascolar gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19n DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DIVISION OF VITAL YES [NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from Natural causes Homicide Undetermined manner Suicide TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER Georgetown EXAMINER'S NAME Bethesda. Maryland John G. Ball (TYPE OR PRINT)

730.BURIAL, CREMATION, REMOVAL

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1981 23d. LOCATION 73c. NAME OF CEMETERY OR CREMATORY city or towal exandria beroinda Metropolitan Crematory Pumphrey Funeral Robert AND RECISIRARS Maryland Bethesda. **DHMH-17** Momes. (VR A15 ME (5)) 15M 2/80

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Robert A. Pumphaey Funeral

Homes. P.A. Bethesda, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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YES

COUNTY

IF UNDER 24 HRS

IF UNDER 1 YEAR

DAYS

2a. DATE OF DEATH

DHMH - 16 60M 7/73 (VRA 15 (4))

24. FUNERAL DIRECTOR

- STATE

REGISTRAR

1. DECEASED NAME

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	(SPECIFY)Buria		0/13/8:			aryland I	Heterans C		, Chalter
24.	FUNERAL DIRECT	yson Whee	eler Fu	neral Home	, Inc.	250 DAT R	BYNGSTRAR	BUTE COTRACE	SIGNATURE
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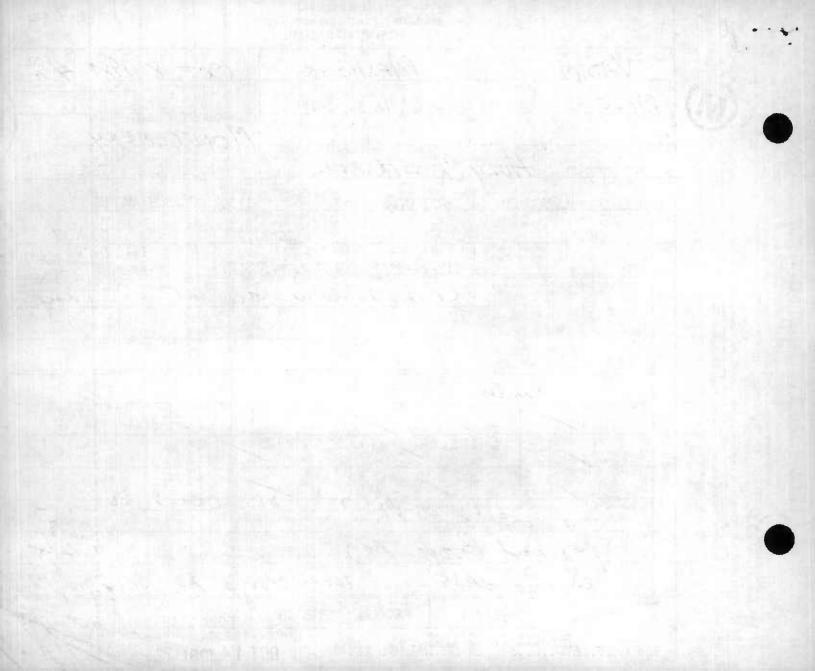
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STATE OF MARYLAND

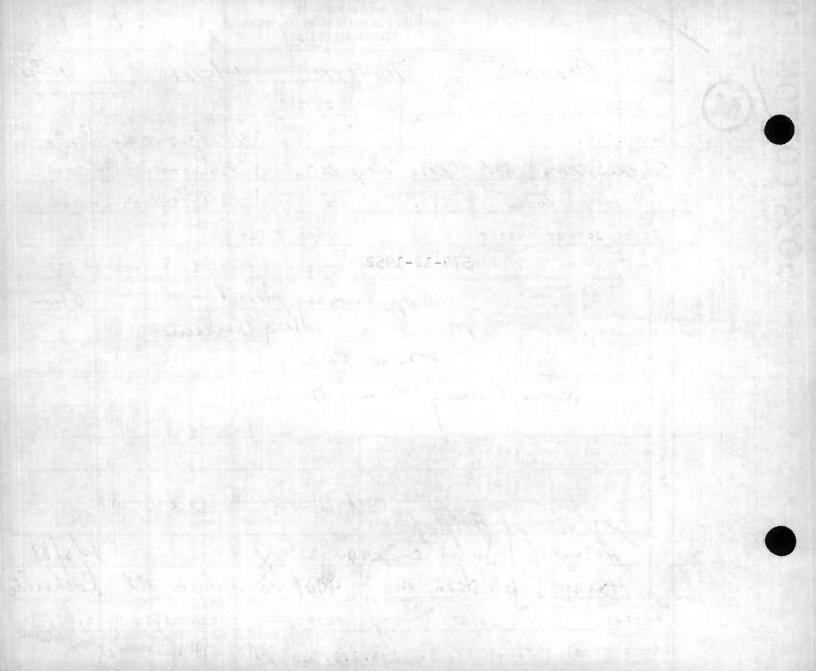
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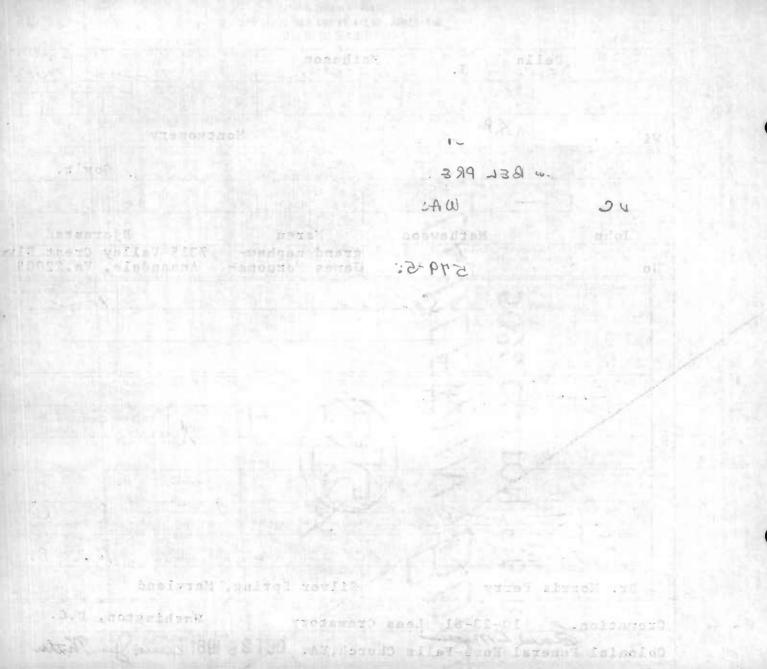
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Lawrence Marwick DEATH MATED 10.17.081 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED Sep. 16, 1909 10.17.1081 Male White 72 DEAD To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIEDXX NEVER MARRIED FOREIGN COUNTRY Poland USA Montgomery WIDOWED DIVORCED 18. GIVE PAGES 1, 2, AND 3 TO THE H 5 WITH FORM PM 3. RETAIN PAGE AIT. PAGES 1 AND 2 SHOULD BE FILED E, DIVISION OF VITAL RECORDS, 20] IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE) Suburban Hospital Bethesda Orientialist ib. of Cong. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OF TOWN T3d INSIDE CITY LIMITS? 13e. STREET ADDRESS YES & NO [3221 Brooklawn Terrace Maryland Montgomery Chevy Chase 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST FIRST Eliezer Shadzunski Chaya (unknown) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Chevy Chase, Md. (YES, NO. OR UNKNOWN) [(IF YES, GIVE WAR OR DATES) Yes WW II 134-34-6306 Claire Marwick; 3221 Brooklawn Terrace CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DI RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY COTONSI4 TOSUTT IMMEDIATE CAUSE (a). Canditians, if any, which Cordio Vescular Disease gave rise to immediate cause (a) stating the under-DUE TO OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE WORD TO THE CHIEF FORWARDED TO THE CHIEF TOR: PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF AND, 21201 PRIOR TO BURIA AND, 21201 PRIOR TO BURIA YES [] NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21f. LOCATION TO MEDICAL EXAMINER: THIS CENTRECTOR WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3E AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram: Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY STATE SPECIFY) Burial 1981 Judean Mem. Gardens Norbeck. Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS ROCKVILLE, Md. Dels: 1170 Rockville Pike **DHMH-17** Danzansky-Goldberg Chapels; (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND





- STATE

REGISTRAR 1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MICOLE 20. DATE OF DEATH MONTH IN YEAR LAST BIRTHOAY) IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Self-Employed Restaurant 136 527 ADRIS Drive Apt. #1 Faki LAST ADDRESS Georgia Matinos (Wife) Same as 13E APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IB TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 70h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO IT THE HOW INJURY OCCURRED. LEADERNALING OF PURPOSITION OF FART CORPORT TO CITY ON TOWN COUNTY ed that in (my) (our) opinion death occurred on the date and hour and from the causes stated THE DATE SIGNED STAFF DIRECTOR PHYSICIAN

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial

Hines Rinaldi F.H. 11800 N.H. Ave. S.S. Md.

10/22/81

Gate of Heaven

Silver Spring Mont. Maryland

14 1109 Aud Habit Secured Property

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e 4 may be ar, page 3 liter death		3. SE		4. RACE	I lite.	5. DATE OF I	BIRTH YEAR	6 AGE (IN YEAR	S LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HR. HOURS MIN.
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TO HOSPITAL OR ATTEN retained by the haspital TO FUNERAL DIRECTOR, should be detached for un with the State Dept. of He	MPORTANT: If Hem		27th SIGNIALURE) 27th PHYSICIAN'S NAME POPERT	7	z S.N.Jan	(5)	ATTENDING PHYSICIAN 20. ADDRESS	MEDICAL DIRECTOR D	STAFF PHYSICIAN [10/4 10/4	18/ 20851
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DHMH-16 30M 2/80 (VRA 15, 4)			JNERAL DIRECTOR 331 ROCKVI						STRAR 256. REGIST	RAR'S SIGNATU	Kather

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3916 Aspen St. (Not available) 71248DRPInverness Court West Chester, Ohio APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1.5 uns PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Kensington. Ave. Marvland Alexandria, Virginia 13. 1981 Metropolitan Crematory Cremation Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRARIZY. REGISTRAR'S SIGNAPORE THE OCT 2 2 1021 Joseph San Parther Bethesda Maryland Homes P.A.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

26 HOUR

17h KIND OF BUSINESS OR

Home

IF UNDER 24 HRS.

IF UNDER 1 YEAR

INDUSTRY

2a. DATE OF DEATH MONTH

FOR - STATE

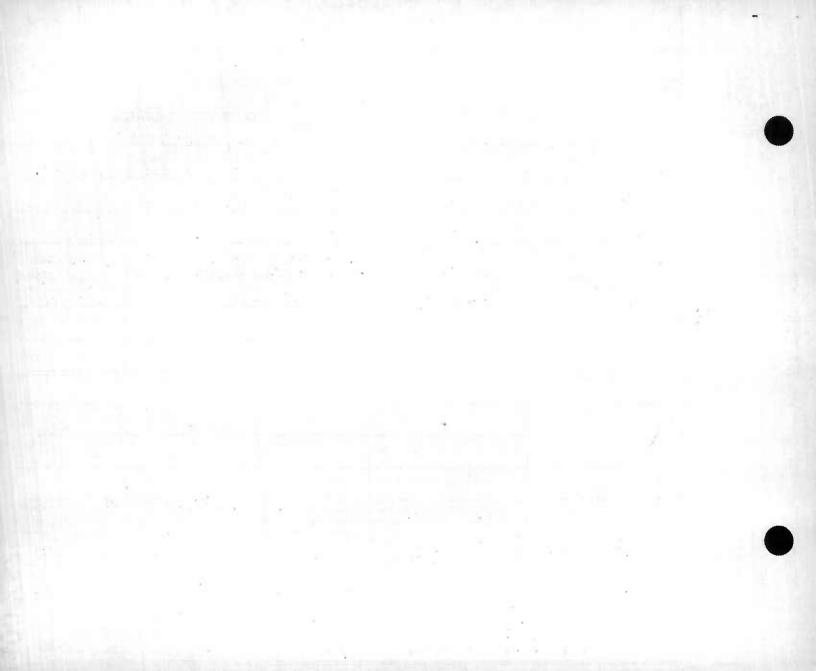
REGISTRAR

I. DECEASED NAME

DHMH-16 30M 2/80 (VRA 15.4)

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(VRA 15, 4) 7/78



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and Mental Hygiene

or Item 18

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MPORTANT: If Item

230 BURIAL, CREMATION, REMOVAL

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTI	ICAIL OI DEATH	REG.	NO.				
1. DECEASED NAME FIR		FIRST MIDDLE			LAST	2a DATE OF DEATH	MONTH	DAY	YEAR	26. HOU	UR
Kathryn			MCI	DONALD	October 04 1			981 5:25		25P	
3. SEX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST E	IRTHDAY)		RIYEAR	IF UNDER	R 24 HRS
Female		Caucasian		Nov. 7 1915		65	YR:	MONTHS	DAYS	HOURS	MIN
70. BIRTHPLACE (STATE OR FOREIGN		76 CITIZEN OF WHAT COUNTRY?		8. MARRIEDXX NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH					
Colorado		USA		WIDOWED DIVORCED		Montgomery					
10. CITY OR TOWN OF DE.	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPA		126.		F BUSIN	ESSO
Bethesda		National Naval		Medical Center		(TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife			INDUSTRY		
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4 FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA						
Gaylor		Hess		Ellen		winds		Gr	Greer		
160 WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADD	RESS				
No		352 07 0		0819	James J. McI	Donald See item 13					
18 CAUSE OF DEAT PART I. DEATH V	H (Enter a) /AS CAUSE IMMEDIA	nly ane cause per ED BY. TE CAUSE (a)	line far (a), (b), and Multiple	mye1	oma with tumo	r erosion	thru	infer	APPROXI SETWEEN O	MATE INTE	RVAL DEATH
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gave rise to im cause (a), statii underlying cause	ng the	DUE TO, O	r as a conseque	ENCE OF							
		(c)									
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CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X YES X NO [216. TIME OF INJURY ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM ETC) CITY OR TOWN COUNTY STATE NOT WHILE

Oct 81 220.1 certify that (I/(this haspital) attended the deceased from and that in (hy (aur) apinian death accurred on the date and haur and from the causes stated view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

National Naval Medical Center, Bethesda, Md.

231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 060ct81 Washington Lee Crematory Cremation

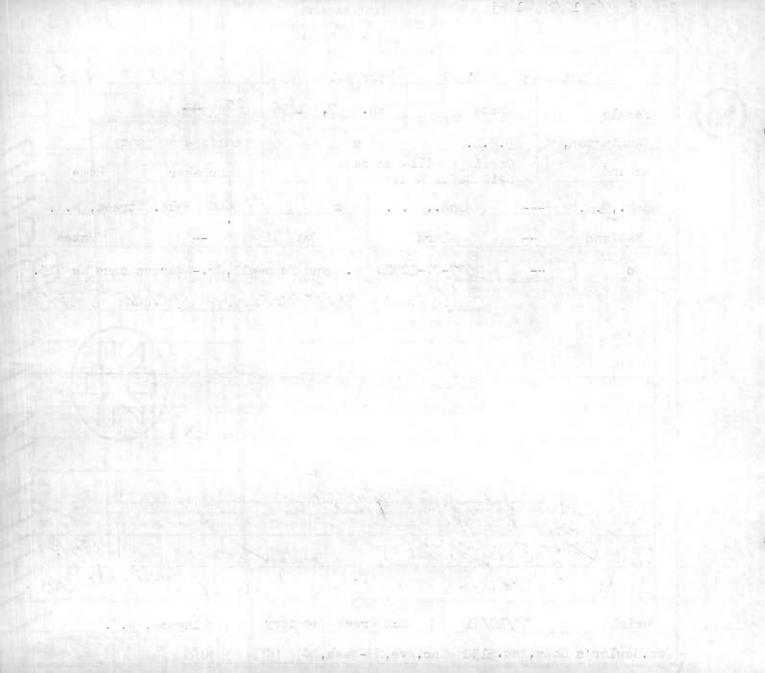
DHMH - 16 50M 1/81 (VRA 15, 4)

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Murphy Arlington Funeral Home Arlington, Va.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Nelson Frank SrMerryman 4. RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR 1035 YEAR Male PRONOUNCED Cauc. DEAD 181 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED Z Washington. DIVORCED Montgomery 120 USUAL OCCUPATION (TYPE OF WORK 172b. KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Bethesda Truck Driver Suburban Hospital Transportati USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13e. STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS WHENTON 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Marshall Merryman Ollie Hutchinson Lee 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS WW 11 228-18-4239 Yes Frances Hainey see 13 e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) CHIEF MEDICAL EXAMINER ALONG E USED AS A BURIAL - TRANSIT PERMIT T OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY COROW ARY IMMEDIATE CAUSE (a Conditions, if any, which ANTERIOSCLEROSIS gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ARTING THE WAS ARTING THE CHIEF AGE 3 SHOULD BE USE ATE DEPARTMENT OF 1 ATE DEPARTMENT YES NO C 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f LOCATION (AT HOME TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DÉATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FAGTORY, FARM, ETC. NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Suicide Hamicide Undetermined manner DATE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY) Burial 10-8-1981 Arlington National Arlington, Arlington. BP 24 FUNERAL DIRECTOR Chambers Coos Inc **DHMH-17** (VR A15 ME (5) 8655 Georgia Ave, Silver Spring, Md. 20910 15M 2/80

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FOR

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STATE OF MARYLAND

CERTIFICATE OF DEATH

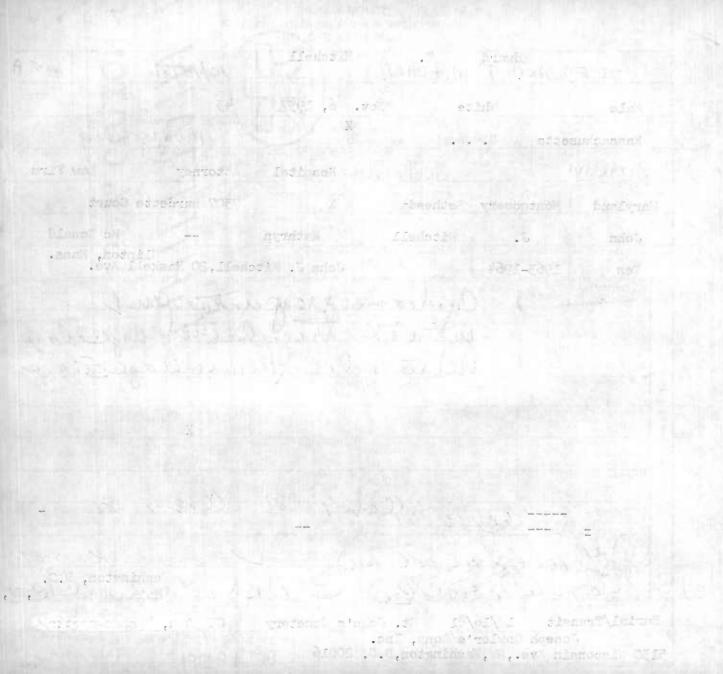
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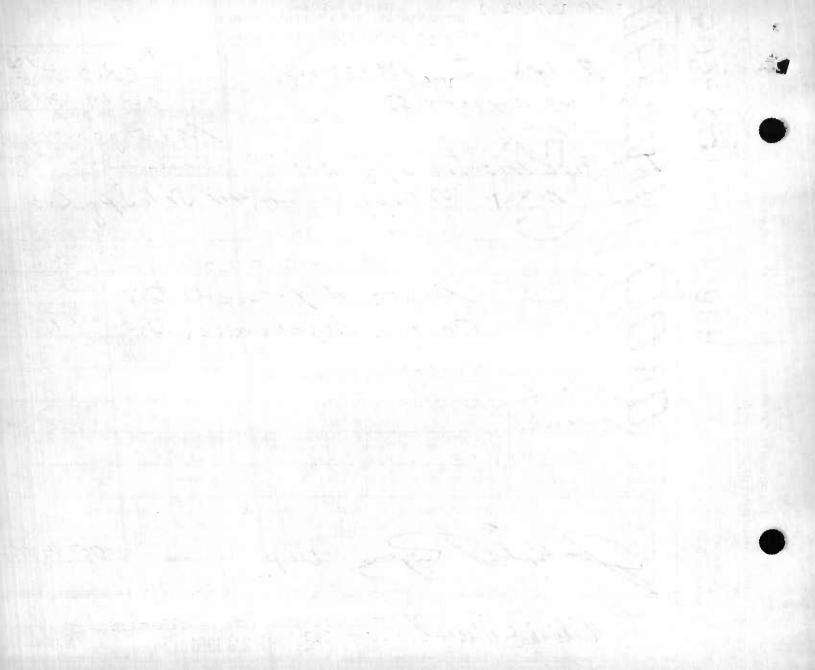
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I. DECEASED NAME KNOWN V 20. DATE I TYPE OR PRINT) OF ESTI-MORAN ANNA DEATH MATED 4. RACE 3 SEX S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD FEMALE 70. BIRTHPLACE 9 BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY) WASHINGTON WIDOWED DIVORCED 3. RETAIN PAGE SHOULD BE FILED D. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME. OR OTHER INSTITUTION SILVER SPRING SECRETARY MONT CTY SCHOOLS CROSS HOSPITA WHEATON 130. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND GOODHILL RD. USED AS A BURIAL - TRANSIT PERMIT, PAGES 1 AND 2 S. OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RIAL, CREMATION, OR REMOVAL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST FIRST HEFLIN MARY **NETTZEY** FORM INFORMANT SON 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO LONGBRANCHPKWY IYES, NO. OR UNKNOWN) 577-24-0109 GLENN K. MORAN SPRING MD CAUSE OF DEATH (Enter only one couse per line for (o), (b) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? DEPARTMENT OF HI PRIOR TO BURIAL, YES [FORWARDED TO THE COR. PAGE 3 SHOULD BE 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY OR YEAR UNDERLYING NG. MEDICAL CONTRIBUTING CAUSE OF DEATH P.M EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DEPA BALTIMORE, MARYLAND, 21201 PRI le PLACE OF INJURY If. LOCATION (AT HOME STREET, FACTORY, FARM, ETC. STREET CITY OF TOWN STATE COUNTY NOT WHILE AT WORK AT WORK Inspection A 228. I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted fram Accident Undetermined manner ACTUAL ROGERS ADDRESS 1919 SEMINARY ROAD STIVER SPRING MO (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE FT. LINCOLN CEMETERY BRENTWOOD MD 24 FUNERAL DIRECTOR FRANCIS J. COLLINS **DHMH-17** 500 UNIV. BLVD., W., SILVER SPRING. MD. 20901 (VR A15 ME (5) 15M 2/80

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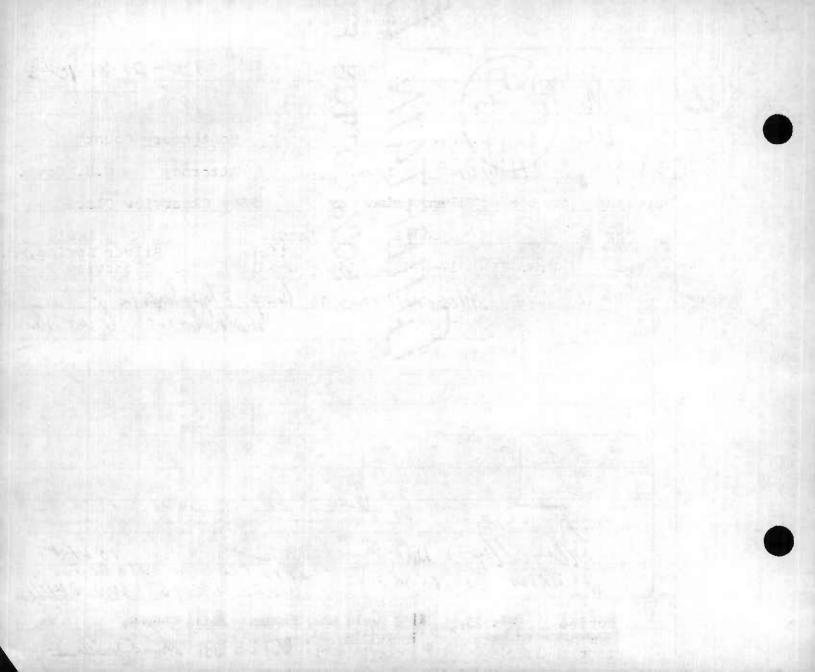
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ew requires that the death cert een signed by the attending ph Then please remove carbon pa or to burial, cremation, or rem any injury, or other traumatic	ION	Canditions, if any, which gave rise to immediate cause 10', stating the underlying cause last.	DUE TO, O	RASSOLEDA		<u> </u>	SYNDROS LEROSTS MINAL DISEASE OR CONDITION		
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



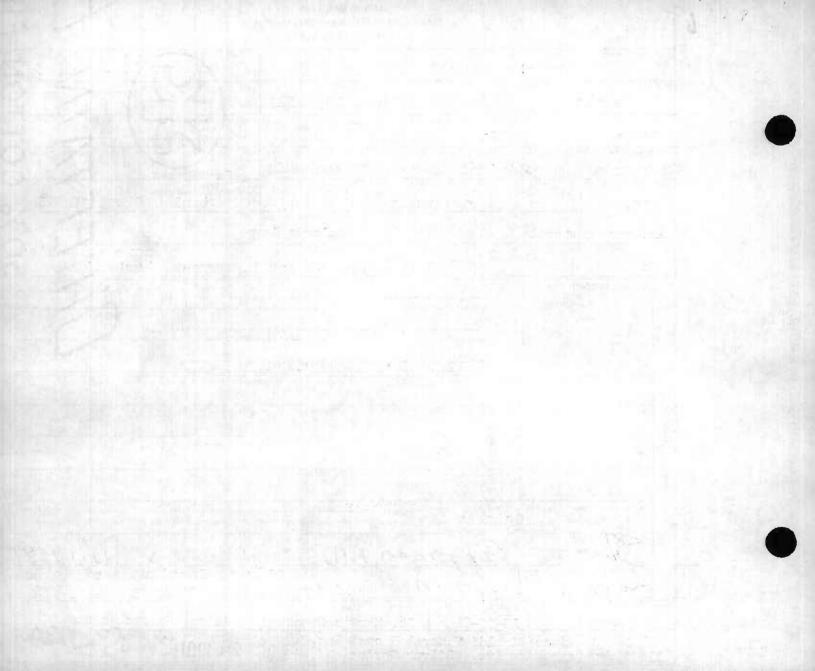
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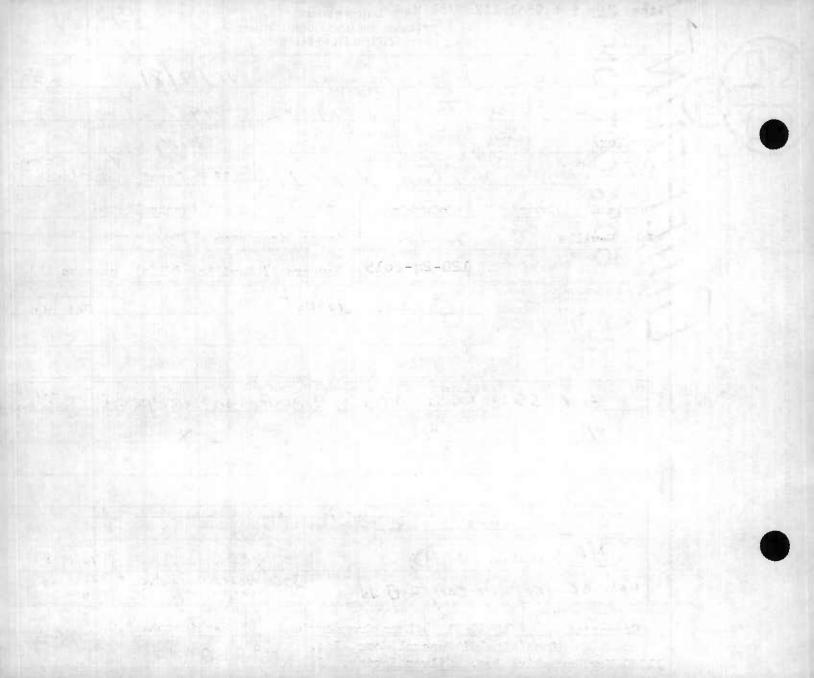
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



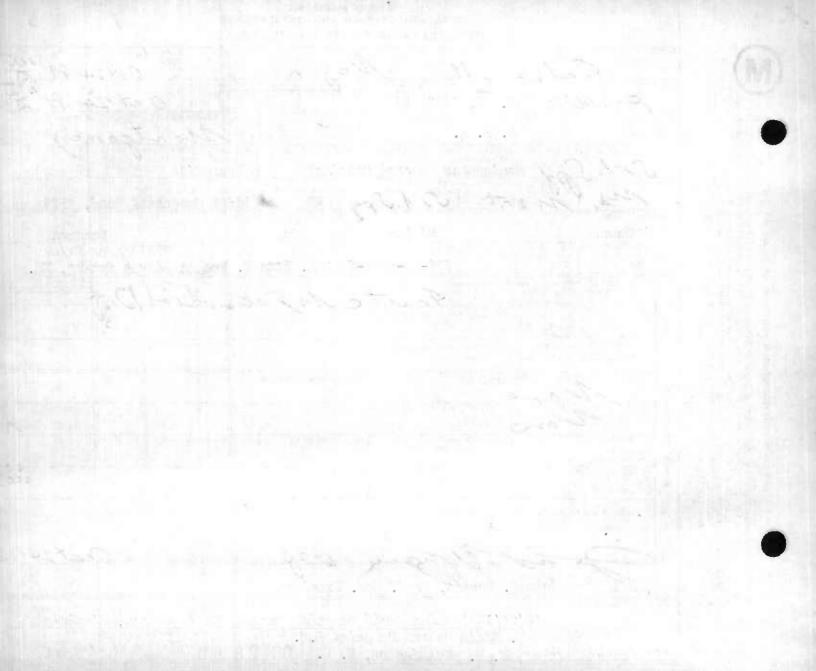


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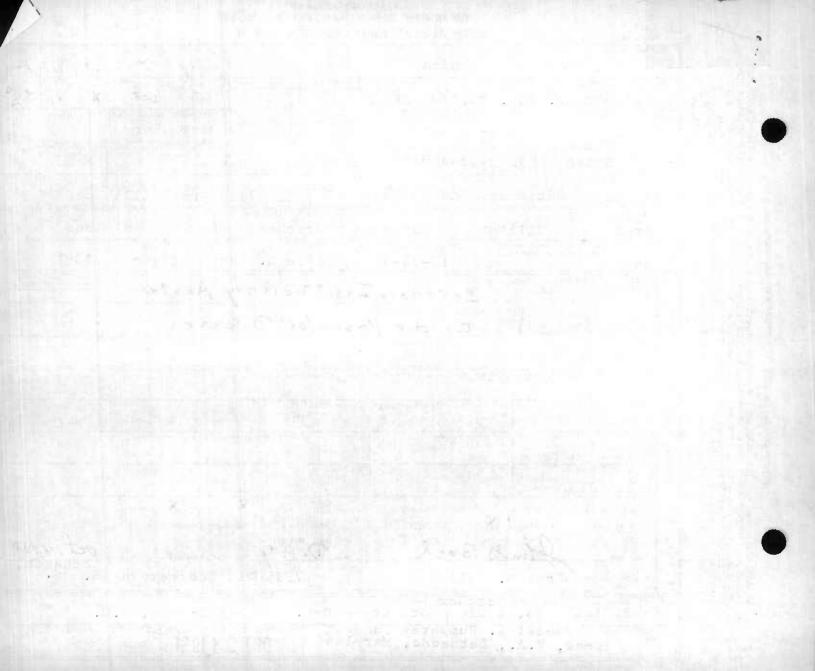
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DELAY 3 TO TH 3 TO TH			Maryland			eneral Ho	spital F	Homemaker		
		L RESIDENCE (IF IN NURSING HOME OR	OTHER INSTITUTION, GI	13c. CITY OR TO	ADMISSION)	ISIDE CITY LIMITS? 13e S	TREET ADDRESS	111	
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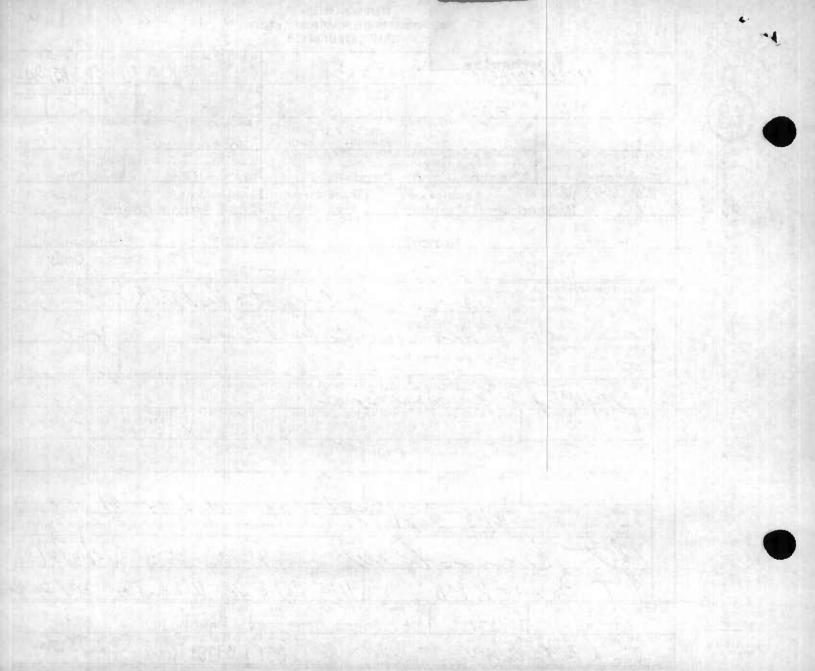
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OX STATE A	23a.B	URIAL, CREMATION, REMO	OVAL 23b. D	ATE	23c. NAME OF CE	METERY C	OR CREMATORY	23d. LOCATION CITY OR TOWN		DUNTY S	TATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 2h. HOUR (TYPE OR PRINT) 1981 3:05am JAMES Edward PALMER OCTOBER 10. 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTHS DAYS HOURS Sept. 7, 1906 White To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED New York USA Montgomery WIDOWED DIVORCED T 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 17h KIND OF BUSINESS OR Montgomery General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE)

Fireman NOWERY City Olnev Fire Dept SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Mont. 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 3224 Spartan Road Maryland Olney YES X 4 FATHERS NAME 15 MOTHER'S MAIDEN NAME MIDDLE Francis Palmer Mary Dickson 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 085-28-9397 Belle F. Palmer Same as #13 no APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for 101, 16 and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 280 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [21a ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram_ sow the deceased alive on. and that in (my) (aur) ppinian deoth occurred an the date and hour and from the causes stated abave, (I) we did (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN A DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

24 FUNERAL DIRECTOR

FOR

FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

Oct. 13, 1981

Norbeck Memorial Pk.

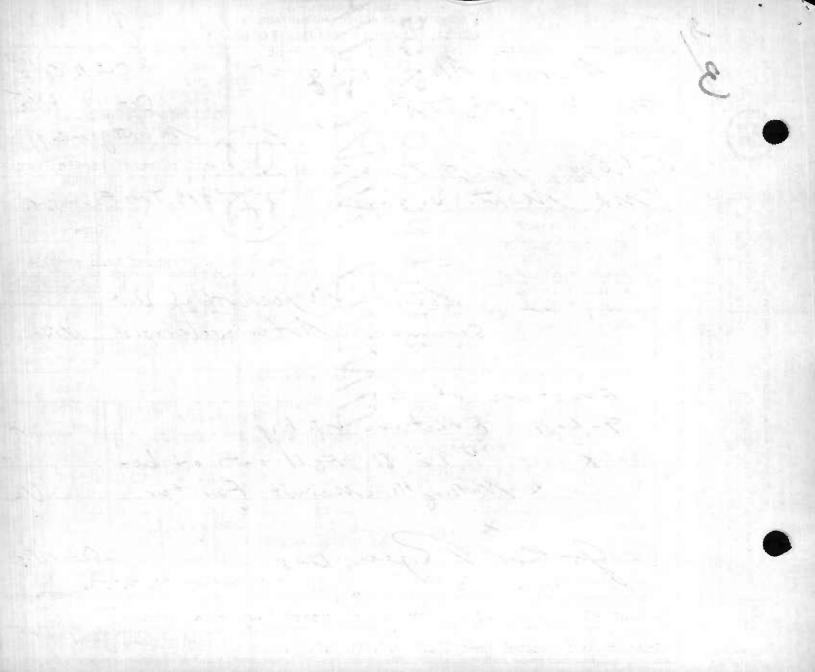
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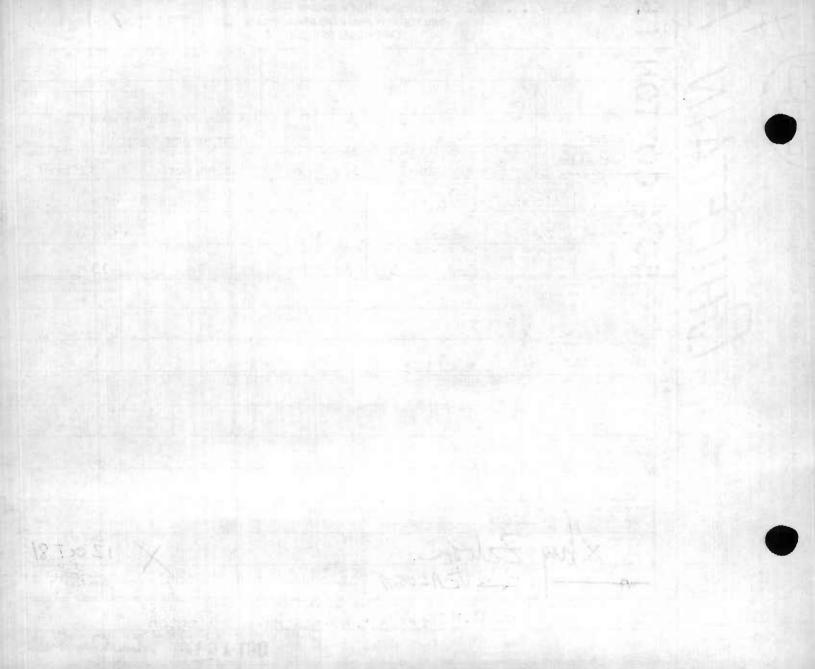
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME Maxime Alex Paquet 2c. DATE KNOWN TYPE OR PRINT) DEATH MATED 4 RACE DATE OF BIRTH 6. AGE IN YEARS DATE LAST BIRTHDAY) PRONOUNCED DEAD 8 6 YRS 7a BIRTHPLACE IS MARRIED NEVER MARRIED France Residencewidowed DIVORCED ID. CITY OR TOWN OF DEATH 126 KIND OF BUS Atomic Energy Scientist-French 30. STATE 13d. INSIDE CITY LIMITS? T. PAGES 1 AND 2 SI DIVISION OF VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Paquet Marie Navet Firmin 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)
None 213 92 3343 Huguette Lusby (Daughter) Same as #13e APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY A BURIAL - TRANSIT Conditions, if any, which gove rise to immediate couse (o) stating the under lying couse lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 20 AUTOPSY? DEPARTMENT OF HI PRIOR TO BURIAL, YES 🗌 BE GE 3 SHOULD B HOUR AM ING), CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY EXECUTE THE CERTIFICALE, WRITING A PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DEBALTMORE, MARYLAND, 21201 PL COUNTY AT WORK 22a I certify that I taok charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted fram: Accident Suicide Hamicide Undetermined manner Natural causes TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME John S. Rogers 1919 Seminary Rd. S.S.Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Southlawn Tucson MemTucson, Arizona 10/21/81 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** Hines/Rinaldi Funeral Home 11800 N.H.AVE S.S.MD. (VR A15 ME (5)) 15M 2/80



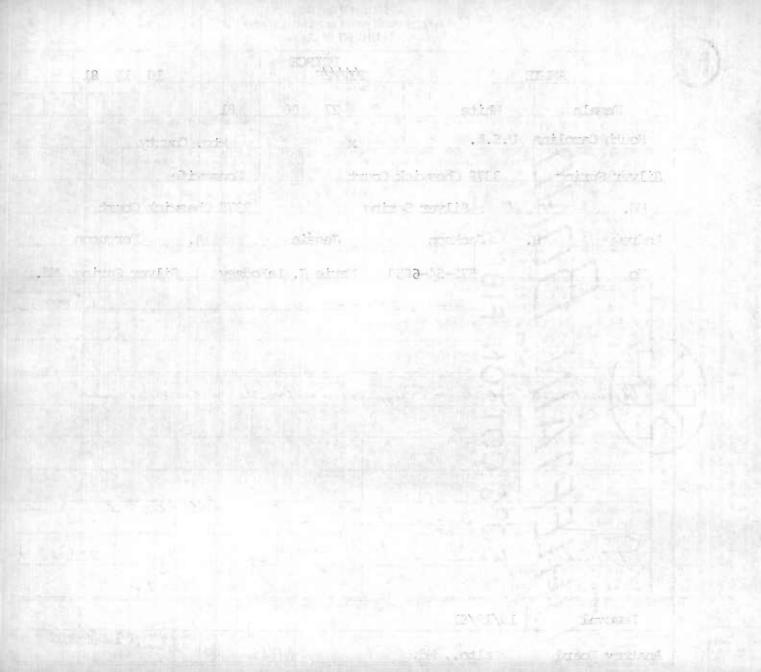
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ANNTE ARCE STATE OF BRITH STATE STATE AND STATE	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	PEIRCE	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 2
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. ECEASED NAME 20 DATE OF DEATH 2h HOUR NMI Antoni 10/5/81 Perec 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR January 14, 1895 Male Caucasian 86 TE BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Poland United States WIDOWED X Montgomery Co. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR " Suburbah Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Bethesda, Md. Baking USUAL RESIDENCE (IF NURS OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e SIREET ADDRESS 2203 Pinneberg Road 13d. INSIDE CITY LIMITS? Rockville arvland Montgomery A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Not available Not available BAJTIMORE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES GIVE WAR OR DATES 082-05-2399 Same as 13 Amelia Smercak APPROXIMATE INTER 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY tWO HOUD. 201, W. PRESTON ST. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF SSCMIA Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. O THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE TUNE 20 22a. I certify that (1) (this haspital) attended the deceased fram ScotemBen 28/19 and that in (my) (941) apinian death accurred an the date and haur and fram the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3 16 W. MONT GOMERY 24. PHYSICIAN'S NAME LITYPE OPPRINT KVIHE MANIOND 4055C 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL October (SPECIFY) Burial Gate of Heaven New York Hawthorne, A FUNERAL DIRECTOR Robert A. Pumphrey Funeral

Bethesda, Maryland

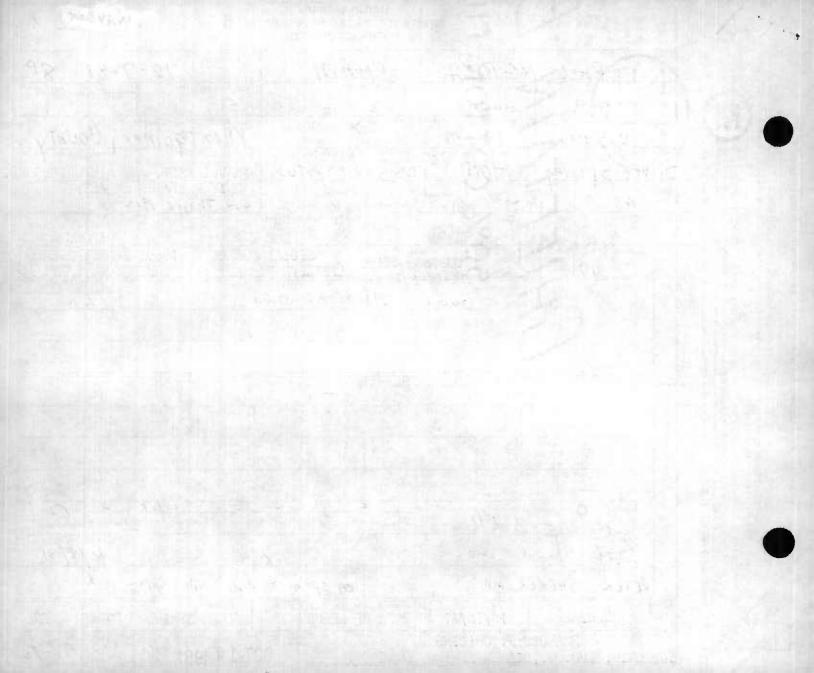
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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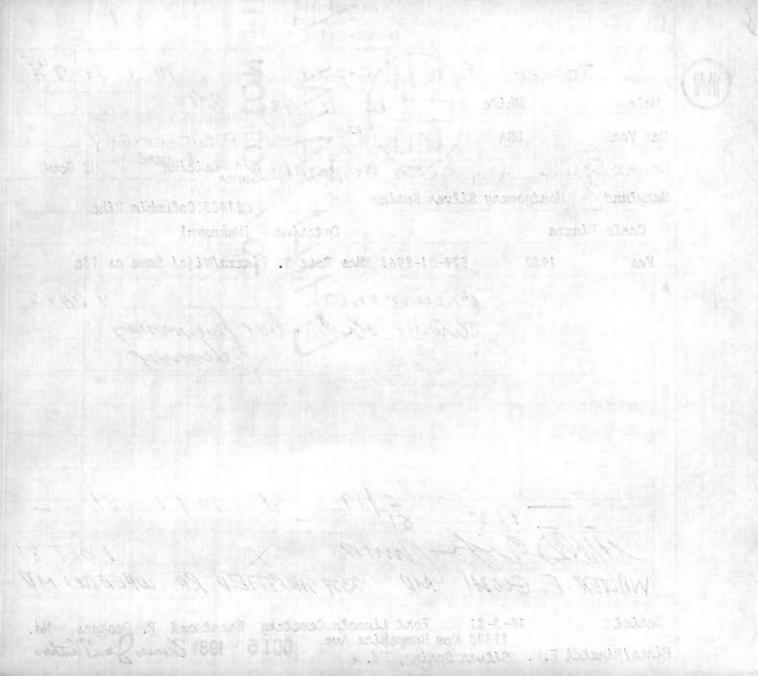


100	FOR STATE REGISTRAR			NT OF HEALTH AND MENT CERTIFICATE OF DEAT		REG. NO.	/	1 8
	1. DECEASED NAME	FIRST	WIDOLE	LAST	20. DATE O	DEATH MONTH OA		2b HOUR
ay be oge 3 deoth	(TYPE OR PRINT) Ethel	L C.	Philli	.ps		10 18	81	1:37PM
E O	3. SEX	4 RACE		DATE OF BIRTH	6 AGE (IN Y	EARS LAST BIRTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS
96	Female	Cauca	gian	09 02	08 73	YRS.	ONTHS DAYS	HOURS MIN.
od E	BIRTHPLACE STATE OR FO		OF WHAT COUNTRY?		Q BALTIMO	RE CITY OR COUNTY	OF DEATH	
d to	Maryland		USA	MARRIED NEVER MARR		lontgomery		
ep .	10 CITY OR TOWN OF DEA		F HOSPITAL, NURSING	HOME OR OTHER INSTITUT	ION 120 USUAL	OCCUPATION	12b. KIND OF	MD. F BUSINESS OR
1 of 1 1/9			SUCH FACILITY, GIVE STREET AD		House	K FOR MOST OF WORKING LIFE)	Own 1	nome
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AND 2 n 24 h filled hould in	130. STATE	Mont	Olney	YES X NO	□ <u>4221</u>	Briars Rd.		
MARYL ed within mpletely ond 2 si	Johnst	Mode	Lynch	15 MOTHER'S MA Bert			ConneT.	1y
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratherding physician. Wher this certificate has been signed by the attending physician and completely filled in the ost the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fit and Mental Hygiene prior to buriol, cremation, or removal. The shows any injury, or other traumatic event, the medical promiter must be accepted at the TB shows any injury, or other traumatic event, the medical promiter must be accepted.	160 WAS DECEASED EVER I	N U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)		63 Clinton P	hillips-hu	sband- (sam	e as 1	3e)
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STATE OF MARYLAND

	PECEASED NAME	OSEP		DOLE	PEAZ	7.A	20. DATE OF DEA	TH MONTH	DAY
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STATE OF MARYLAND



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2		RTHPLACE (STATE OR FOREIGN COUNTRY) OHIO	u.s		WIDOWI		9 BALTIMO		ETY C	Н	MD.
0	B	EHHES DA	Su D	L PAN	ADDRESS)	OR OTHER INSTITUTION	LITYPE OF WORK	OCCUPATION K FOR MOST OF WOR CRETARY	RKING LIFE) 26. KII	TRO CO	DRP.
1	13a. S		OR OTHER INSTITUTION UNITY	13E. CITY OR TOW ROCKVIL	/N	139 INSIDE CITY LIMITS?		MORGAIL	STREET		
1		FREDERICK	MIDDLE	FOSTER		15 MOTHER'S MAIDEN N	NAME	WIDDIE	STONEB	RAKER	
		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN} (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	271-24-		JOHN R. P	IDGEON	SAME	AS 13	HUST	
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		22b. SIGNATUR	D/e	Ma	,	DEGREE ATTENDING PHYSICIAN		STAFF PHYSICIAN		ATE SIGNE	7
7		STEPHEN	J. NEWM	4N		22e ADDRESS 5411 W. CED	AR LANE,	, BETHESI	DA, MARY	LAND	
	(:	urial, cremation, remov. specify) BURIAL	10/10	/81 C	ONCOR		CEN	TON PERVILLI	E BEL	MONT	STATE
	24 FU	NAME 500 UNIV.BLV			NG, MD		OCT 1	3 1981	Zares		Wathen

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If them 21 is morked or them 18 shows any injury, ar ather traumotic event, the medical

should be detached for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

certificate has be

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STATE OF MARYLAND			
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	1	
CERTIFICATE OF REATH			

FOR - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) OHN 3. SEX 4 RACE IF UNDER I YEAR 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED 126 KIND OF BUSINESS OR INDUSTRY Iron Worker 13d. INSIDE CITY LIMITS? SUMMITT AVE 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Poole Bertha Mason ARMED FORCES? 17. INFORMANT ADDRESS Same as #13 APPROXIMATE INTERVA 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: MIN IMMEDIATE CAUSE (c

ASCILLAR ACCIDENT Conditions, if any, which gove rise to immediate couse (o), stating underlying couse DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19

21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from (our) opinion death accurred on the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED ATTENDING DIRECTOR | PHYSICIAN 22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Burial Maryland Vet Cem Cheltenham PG Md

Suitland, MATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81

24 FUNERAL DIRECTOR

BP

(VRA 15, 4)

Robert E. Wilhelm Funeral Home

20a AUTOPSY

STATE

20b. IF YES, WERE FINDINGS USED

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	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA			6	271	2 3
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		E OR PRINT)	Alice		R.		PORTER	4 VI	October		1981	26. HOUR 11: 30A _M
)	3. SE	× Female		RACE Caucasi	an	5. DATE C	DAY	YEAR	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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27	I	or town of dea		Nation	HOSPITAL, NURSIN HEACILITY, GIVE STREET LAI NAVAI	Medio			(TYPE OF WORK FOR MOST OF Civil Se	OF WORKING	LIFE) INDUSTRY	
36	13a. S Ma	AL RESIDENCE (IF NURS STATE Aryland	Montgo	Y	Bethesda	N	13d INSIDE CITY L YES 🔀 NO	IMITS?	13e. SIREEL ADDRESS 4600 Ove	rbrod	ok Road	
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medico/		NAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARME	ED FORCES?	16b. SOCIAL SECU		17 INFORMANT	anz 2	ADDR 752 Harris	ESS		nside N
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8 9 mar		21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME O HOUR A	M. MONTH DA	Y YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	IRY IN ITEM 18	B PART (OR PART 2)	
morked or	MEDICAL	21d INJURY OCCURE WHILE NOT WE AT WORK AT WO		21e. PLACE ((AT HOME, STE	OF INJURY BEET, FACTORY, OFFICE, FA		211 LOCATION STREET	- 5	CITY OR TO)WN	COUNTY	STATE
2.		22a.1 certify that (h sow the decease above, (I (we) (c				Sept 31on	11	81 opinion de	to Oct.	01 ote and ha		that (V (we) last couses stated
MPORTANT: If Item 21		226. SIGNATUS	1/52			(PHYS	IDING ICIAN	MEDICAL STA		Oct.	1,1981
PORTA		10 THE R. P. LEWIS CO., LANSING, S. LEWIS CO., LANSING, S. L.	1.14.	Lee	GMC		Nationa:	l Nava	al Medical	Cent	er, Betl	nesda, Mo
<u> </u>		BURIAL, CREMATION, SPECIFY) Burial Rem	11000	Oct. 5			emetery or crem		23d. LOCATION CITY OR TOWN Brown	ox. N	county ew York	STATE
81		os. Gawler	Sons,	W	ashington			OCT	5 1981 Z	W REGIS	ST ANS SIGNAT	hither

DHMH - 16 50M 1/8 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the stutural should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be tilled attning with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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STATE OF MARYLAND	0	1	(3)		2	13	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0	1 .	die	/	5	Co	
CEDTIEIC ATE OF DEATH							

	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	10.		
	CEASED NAME	FIRST	MIDDLE	L	AS1	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
		Lawrence	J	P	owers	October	16, :	1981	5:20 pm
3. SE	X	4 RACE		S. DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	Male	Wh	ite	Apri		71	YRS		,,,,,
	IRTHPLACE (STATE OR	FOREIGN 76. CITIZE	N OF WHAT COUN	VTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
	Maryland	U.	S.A.	WIDOWE		Montgom	erv		MD.
10. C	ITY OR TOWN OF DE	ATH 11. NAA			OR OTHER INSTITUTION	120 USUAL OCCUPA	ION		OF BUSINESS OR
	Bethesda	60		te Road		Asst.to Co			Govt.
105U	IAL RESIDENCE (IF NUR STATE	SING HOME OR OTHER INST		BEFORE ADMISSION)	A 124 INICIDE CITY I IMPECA				
	Maryland	Montgome			13d. INSIDE CITY LIMITS? YES NO	6001 Rams		Road	
14. F	ATHER'S NAME				15 MOTHER'S MAIDEN NA	ΛE	5000		
	Clarence	J.	Pow		Anna	MIDDLE		Muns	
-	WAS DECEASED EVER	IN U.S. ARMED FOR	CES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDF	ESS	Pittle	DT.6
- (Yes, no or unknown)	(IF YES, GIVE WAR OR D		0-0087	Eloise P. Pow	ore-Addres	e com	A 96 #77	3 above.
		H (Enter only one cou			ETOTBE 1 10W	er b-Addr eb	5 Dean		IMATE INTERVAL ONSET AND DEATH
NOIL	PART 2 OTHERSIG	NIFICANT CONDITIC		G TO DEATH BUT	NOT RELATED TO THE TERM		16-5		
CERTIFICATION	190 DATE OF OPERA	1100	LONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO 🏋	IN CER	YES, WERE FINDS TIFYING CAUSES YES []	
1	21a. ACCIDENT WAS UN	DERLYING 7 216. 1	IME OF INJURY		21c. HOW INJURY OCCURE	ED /		0.01071.000.010	
3	OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH	UR A.M. MONTH P.M.	DAY YEAR		ED (ENTER NATURE OF IN)	ORY IN HEAL I	8 PART OR PART 2)	
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	(IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT WILL AT WORK AT WO	CALEXAMINER) RED 21e. F (AT HI RK (thrs hospital) attached olive on	P.M. PLACE OF INJURY DME, STREET, FACTORY, O	FFICE, FARM, ETC.)	21f LOCATION STREET , 19 18 ad that in (my) (our) opinion of DEGREE ATTENDING	city on the death occurred occurred on the death occurred occurred on the death occurred	OWN date and h	COUNTY	that (1) (we) lost
MEDICAL	(IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT W AT WORK AT WO 220.1 certify that (I) saw the decease obove, (I)	CALEXAMINER) RED 21e. F (AT HI RE (Ithis hospital) attached olive on Attached olive	P.M. PLACE OF INJURY DME, STREET, FACTORY, O	FFICE, FARM, ETC.)	21F LOCATION STREET , 19 7 8 and that in (my) (our) opinion of	CITY OR 1	OWN AFF CIAN NOTO	COUNTY 19 8 our and from the 22c. DATE 16 0	that (1) (we) ast couses stated SIGNED

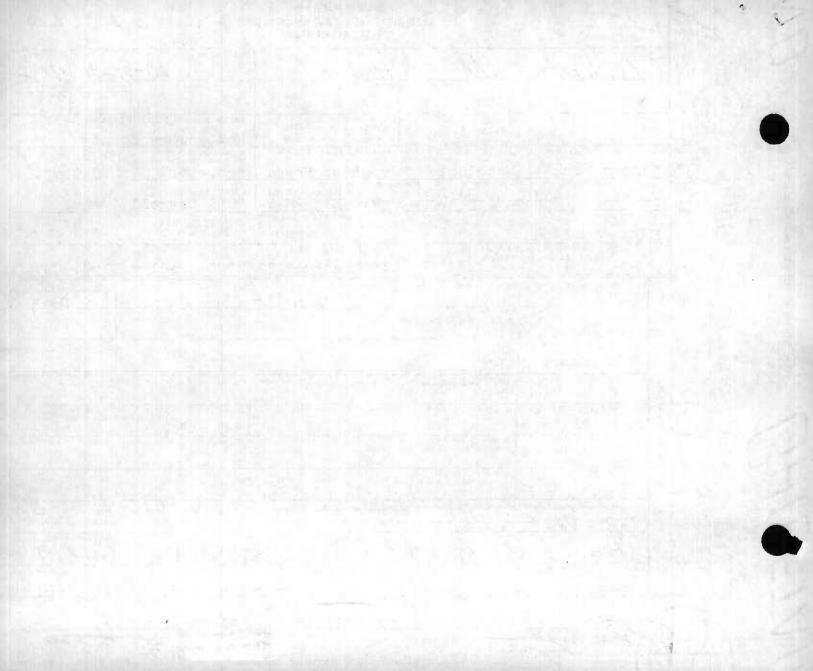
Jos.Gawler's Sons, Inc. 5130 Wisc. Ave, NW-Wash, DC

DHMH - 16 50M 1/B1 (VRA 15, 4)

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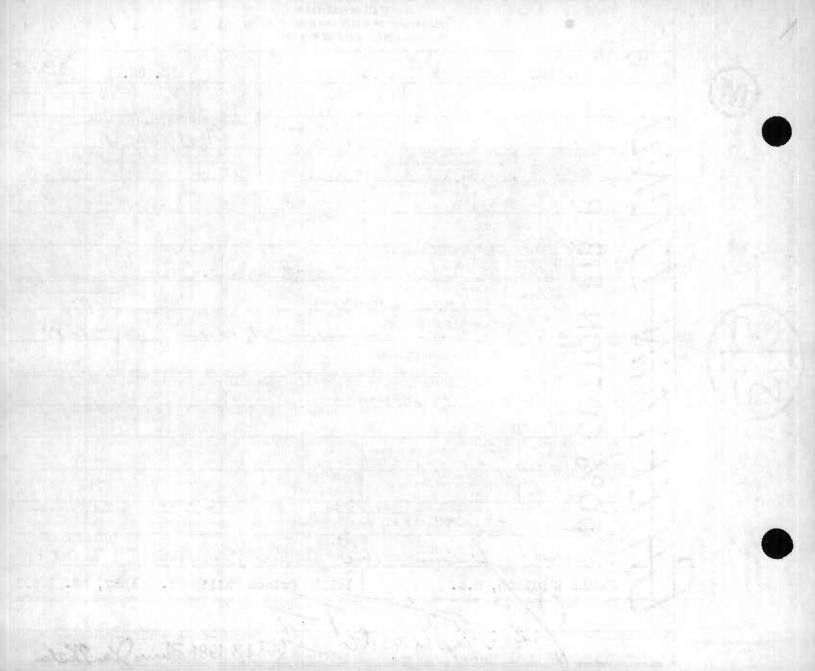
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	STATE OF MARYLAND 1 - STATE STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 7 2 2 6 CERTIFICATE OF DEATH)
moy be code 3	I. DECEASED NAME FRST MIDDLE LAST Zo DATE OF DEATH MONTH DAY YEAR 28. HOUR (TYPE OR PRINT) /// POWERS 10-21-81 725	A-M
degree 4 mc	remaie white 2 12 88 93	HRS MIN.
thin 22 Mo	Pa. STATE OR FOREIGN Pa. USA Th. CITIZEN OF WHAT COUNTRY? USA MARRIED NEVER MARRIED NOT COUNTY OF DEATH WIDOWED DIVORCED MONTGOMERY COUNTY	AAD
filed with notified	10. CITY OR TOWN OF DEATH TAkoma Park 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington Adventist Hosp. Secretary US Govt.	OR OR
must be	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 7051 Carroll Avenue	
Examine 2	4. FATHER'S NAME FIRST HINKN 15. MOTHER'S MAIDEN NAME FIRST UNKN LAST UNKN	
Poges	(60 WAS DECEASED EVER IN U.S. ARMED FORCES? (166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (175. NO OR UNKNOWN) (16 YES, GIVE WARD RDATES) (17. S. NO OR UNKNOWN) (16 YES, GIVE WARD RDATES) (17. S. NO OR UNKNOWN) (16 YES, GIVE WARD RDATES) (17. S. NO OR UNKNOWN) (16 YES, GIVE WARD RDATES) (17. S. NO OR UNKNOWN) (16 YES, GIVE WARD RDATES) (17. S. NO OR UNKNOWN) (16 YES, GIVE WARD RDATES) (17. S. NO OR UNKNOWN) (16 YES, GIVE WARD RDATES) (17. S. NO OR UNKNOWN) (17. S. NO OR UNKNOWN) (18 YES, GIVE WARD RDATES) (18 YES, GIVE WARD RD	
otion, or removol.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF	TH Z
to buriol, cremotio ijury, or other frou	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
ows ony in	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH? YES NO 1 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
Mentol Hygi or Item 18 sh	LOS CONTRIBUTION CONTRIBUTION HOUR A.M. MONTH DAY YEAR	
ked	THE CONTRIBUTION OF CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER 19 21f LOCATION STREET CITY OR TOWN COUNTY STATE	Ĕ.
of Heolth	220. I certify that (I) (this hospital) attended the declosed from	
Jid be detoched the Stote Dept. DRTANT: If Item	276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [] /0/2/87	1
with the State IMPORTANT:	David K. Cromwell M.D. 831 University Blvd. E. Sil. Spr.	Md.
	30. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETER FOR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY STATE Cremation 10-28-81 Metropolitan Alexandria, Va.	
0M 1/81 , 4)	larner E. Dumpharey Sil. Spr. Md. 250. DR. RECU BYREGISTRAP 256 REGISTRAP 256 REGISTRA	Ser

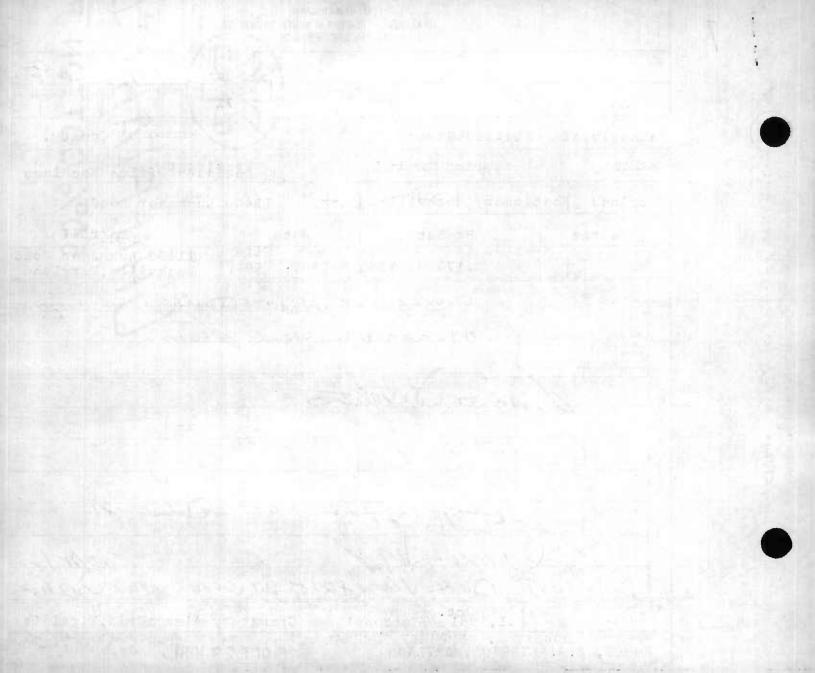


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8 E E		CEASED NAME FIRST OR PRINT)		DDLE	L/	ST	2a. DAT	REG. NO.	PAD HTMO	YEAR	26. HOUR
may be page 3 fer death	3. SE	Charle	es W 4 RACE	esley	5. DATE O		6. AGE	(IN YEARS LAST BIRTHE	DAY) IF I		IF UNDER 24 HRS
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d die		RTHPLACE (STATE OR FOREIGN COUNTRY)	United S		MARRIED WIDOWEI	NEVER MARRIED	U	ntgomery	COUNTYO	FDEATH	
offer de	10. C	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	12a. USI	UAL OCCUPATION	ORKING LIFE)	INDUSTRY	BUSINESS OR
in be the	R	CKVILLE AL RESIDENCE (IF NURSING HOME OF TATE 136. COL	OR OTHER INSTITUTION GI	TE MONTO	ADMISSION)			de Execu			
AND n 24 h n 24 h hould hould	Ma	ryland Mont	tgomery F	Rockvill	e	YES NO DE CITY LIMITS		W. Mont	gomery	Avenu	e
MARYL. mpletely and 2 sl		THER'S NAME FIRST Test J	MIDDLE P1	rettyman		Elizabeth		R. MIDDLE		Stones	treet
BALTIMORE, MARYLAND 2120 cate be executed within 24 haurs vysician and campletely filled in bapers. Pages 1 and 2 should be 11 wal. In the medical examiner must be 11 the medical examiner must be 12 the 12	0	(IF YES, G	IVE WAR OR DATES	66. SOCIAL SECU		Forrest J.	Prett		O. Box	9262	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAING PHYSICIAN. The law requires that the death certificate rateding physician. We have a signed by the attending physic as the burial-transit permit. Then please remove carbanapape th and Mental Hygiene prior to burial, cremation, ar removal arked or them 18 shows any injury, ar ather traumatic event, the statement or the statem		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE OF OWNER OF OWNER OF OWNER OF OWNER OF OWNER OWNE	ATE CAUSE (0)	AS A CONSEQUE	ENCE OF LINE OF	Harteri + arteri	Less- Lace Maliante de la constante de la cons	Tie de	JO TON GIVEN	sere peren	Deg
AL RECORD The law requion. The law requion has been site perior to lene prior to lene	CERTIFICATION	19a Date of Operation	19b. CONDITIO	ON FOR WHICH	OPERATION	WAS PERFORMED	20a /	_ \	Ob. IF YES, W N CERTIFYIN YES [VERE FINDING	GS USED DF DEATH? NO
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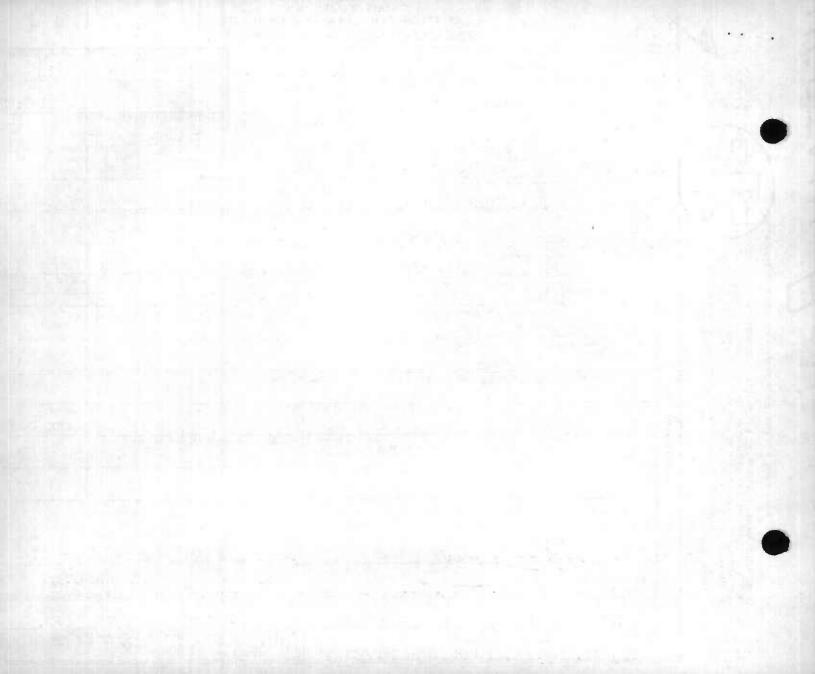
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mo)		3. SEX			4. RACE		5 DATE	OF BIRTH		6 AGE INYE	ARS LAST BIRTHDAY	-	UNDER I YEAR	IF UNDER 24 HRS
oge 4			MALE		CAUCA	SIAN	oci.	20, 19	30,5	71		YRS.	DATS DATS	HOURS MIN.
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Comple I and I and I and I and I	5/		George		MIDDLE	Probst		Ri	üth		WIDDEE	M	lerri [*] l	11
BALTIMORE, 1 VK cote be execut ysicion and co	1	160 WA	S DECEASED EVER		MED FORCES? E WAR OR DATES)		5 5388	17 INFORMANT Sara A		fe obst				r Road
L RECORDS, 201 W. PRESTON A A C C C On The low requires that the death con permit. Then please remove care permit. Then please remove care permit. Then please remove care many grings, or other troumotic.	2	NOIL	cause (a), statin underlying cause PART 2 OTHER SIGN (a) DATE OF OPERA	IDST.	CONDITIONS CONDITIONS CO	TESI	TO DEATH BUT	NOT RELATED TO		20a AUTO	PSY? 20b.	IF YES, V	WERE FINDIN	NGS USED
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SIO NET THE STATE OF THE STATE		ui u	NOT WHILE NOT WHAT WORK			OF INJURY	FICE, FARM, ETC.)	21f. LOCATION STREET			CITY OR TOWN		COUNTY	STATE
TOO TOOE		- 2	20.1 certify that (1)	(this hospi	tal) attended t	he deceased fro	om	M	19 6 6	_, to	11	, 19	DI.	that (I) (we) lost
ATTENIA Ispitol CTOR: If for us a for us n 21 is us			sow the decease above, (I) (we) (d	d alive on	t) view the bady	rafter death.	9 \$ (.0)	nd the in (my) (our	r) opinion d	eoth occurred	on the date or	id hour o	and from the	couses stated
OR A boliked bept.		2	2b. SIGNATURE	10	1/		100	DEGREE	MIDING	MEDICAL	CYAFF		22c. DATE	SIGNED
- + - + - T	_	-	\sim	d	110	Ken	JU/1	PHY	SICIANI	MEDICAL DIRECTOR [STAFF PHYSICIAN		10/	P/V
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7 0 g 0 g 3 g-		23a. BU	RIAL, CREMATION,	REMOVAL	23b. DATE	Oct.	23¢ NAME OF C	EMETERY OR CREA	MATORY	23d. LOCA	ION			
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DHMH-16 50M 1/B1 (VRA 15, 4)			OMES, P.	ROBE:	RT A. THESDA	PUMPHR MARYI	EY FUN	ERAL	250. DATE	REC'D. BY RE	1981 25b. R	GISTRA	IRE SIGNAT	Warthen



		OR TATE			SI DEPARTMENT C		ARYLAND I AND MENTA	L HYGIENE	i	2 7	1 3	1
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2000			Herbe	ert	G.	X	XUXUXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	TNAM D	OF ESTI-	□ 10	28, 81	M
PLEASE PECTOR R FILES HOURS STREET,	3. SEX	4. RACE	5.	DATE OF BIRTH	6. AGE (IF	YEARS IF UN		DER 24 HRS. 2c.	DATE	MÖNTH	DAY YEAR	2d. HOUR
DIRE DIRE ON S	mā	le white		MARCH 4,	1904 77	YRS.	HS DAYS HOUR	MIN: PRO	NOUNCED DE AD	10	28, 8	3:02
5 4 5 5 5 C	7a. BIR	THPLACE (STATE OR	7b.	CITIZEN OF WH	AT COUNTRY?	8. MARR	ED NEVER M	APPIED 9. B.	ALTIMORE CITY	OR COUNTY	Y OF DEATH	PM
の経験を	VI	RGINIA		U.S.A.		WIDOW		DRCED 🗆	Montgome	ery Cou	unty	MD.
2 43 93 m	10. CIT	Y OR TOWN OF DEATH	11		PITAL, NURSING HO		ER INSTITUTION		OCCUPATION (T)		2b. KIND OF BU OR INDUST	SINESS
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A E GRA		ARYLAND		GEORGES	ADELPHT		YES XX NO			S ROAD)	
1/ EAL		HER'S NAME					15. MOTHER'S M.			S NVAV		
23/6/	130	THORNSBUR		NODLE	PUTNAM		FIRST N.		WIDDLE	DA	YNE	
Do	16a. W	AS DECEASED EVER IN L		FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRES	S	JIVL	
DIVISION		NO	ES, GIVE WAR	ORDAIES	579-32-5	238	PEARL	E. PUTNA	M SAME	AS 13	WIFE	
		8. CAUSE OF DEATH (E	nter anly a	ne cause per line		200	I CHILL	C. 10111/10	VI STAIL	NO 13	APPROXIMATE	INTERVAL
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RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TAGES SHOULD BE USED AS A BURAL. TRANSIT PERM STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 7, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Canditions, if any, gave rise to imm	which	(b)							- 45	
S S		cause (a) stating the			AS A CONSEQUENC	E OF						TOE
Z Z	23	lying cause last.		(c)								
\$	_ 1	PART 2 OTHER SIGNIFICANT COM	IDITIONS CONT		BUT NOT RELATED TO THE T	ERMINAL DISEAS	OR CONDITION GIVEN	N PART 1 (g).				
-	CERTIFICATION											
AL,	CA	19a. DATE OF OPERATIO	Ν	19b. CONDIT	ION FOR WHICH OF	ERATION W	AS PERFORMED?				20 AUTOPSY	,
_											YES KX	NO 🗌
3	2	JNDERLYING OR				AR 21c HC	OW INJURY OCCU	RRED (ENTER NATUR	E OF INJURY IN ITEM)	8 PART I OR PART	(2)	
	0	CONTRIBUTING CAU	SE OF DEA		19							
	MED	III. INJÚRY OCCURRÉĎ WHILE \(\tau\) NOT WHI	IE 🗀	21e PLACE C STREET, FACTO	ORY, FARM, ETC.)		CATION TREET	CIT	ORTOWN	COUN	YTY	STATE
		AT WORK AT WORK										
9		220. I certify that I taal	k charge af	the remains desc	cribed abave, held ar	Autop	sy X X Inspe	ction . In	quiry	ınd ın my apıı	nian	
Ŝ		death resulted fram:	Natural c	auses V.V	Accident,	Suicide	, Hamicide	, Undetermin		,		
AR			11/2	^^			TITLE (SPECIFY)				
, — , >		ACTUAL SIGNATURE	186	Since	W	м	D Assista	ant_MEDICAL	EXAMINER	DATE SIGNED	10/29/	81
YOK /	1 -	VAMINER'S NAME	1									
BALTIMORE, MARYLAND, 2		XAMINER'S NAME TYPE OR PRINT)	Horme	z R. Gu	ard, MD.		ADDRESS	111 Penn	Street, E	Balto,	MD 2120	1
5	230.BU	RIAL, CREMATION, REMO	OVAL 23b. [DATE	23c. NAME OF	EMETERY O	R CREMATORY	23d. LOCAT	ION	COUNT	Y	ATE
		BURIAL	1	0/31/81	GEORG	E WASH	INGTON	ADE	LPHI no	PRI GE		
	24 FU	NERAL DIRECTORFRAI	VCIS .	J. COLLI	NS		250.	AF PEC'D. BY REG	ISTRAR ZSKYBEC	IST ARE SI	NATURE Com	
-		500 UNIV.B	LVD.	W., SILVE	R SPRING.	MD. 20	901			24	- 2	
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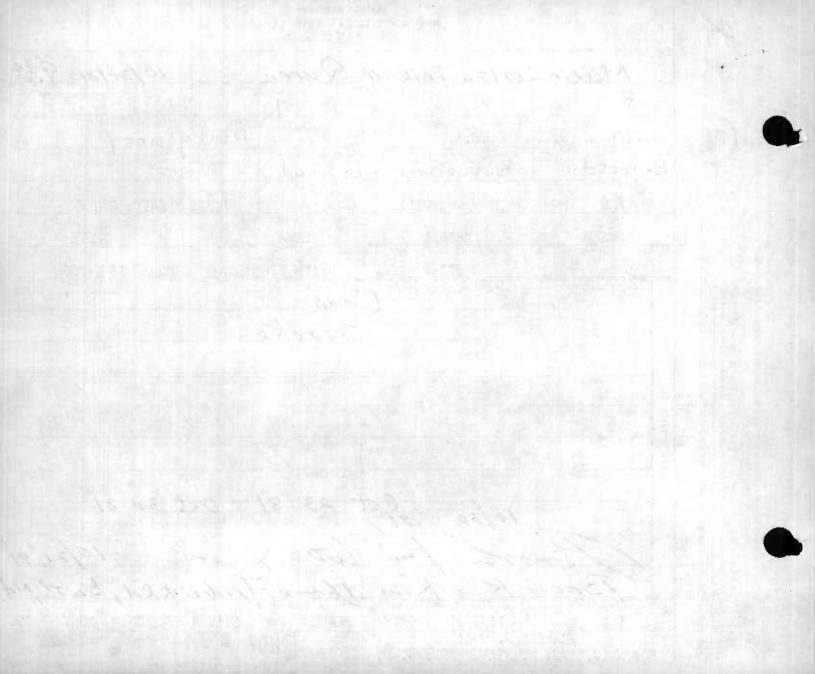
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- STATE

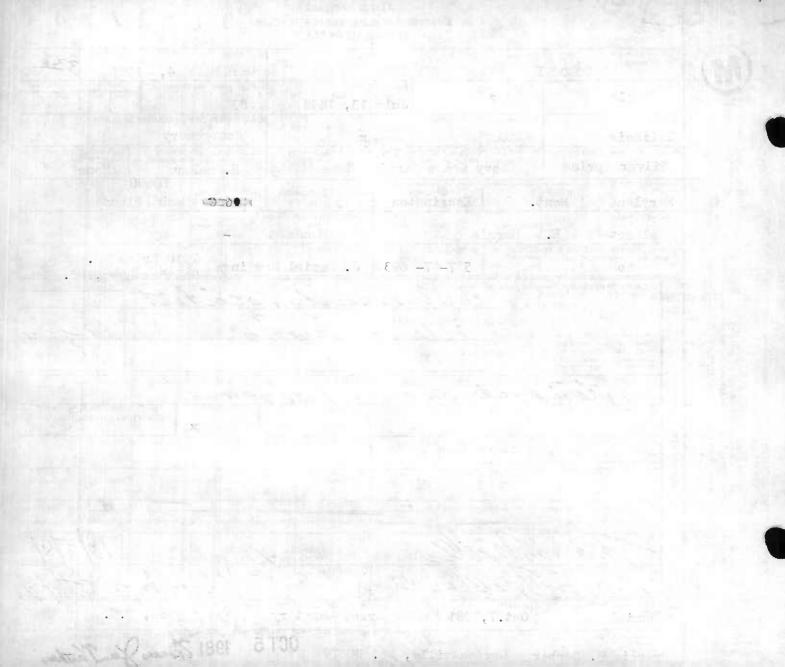
DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



8	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 2	7 1 3 3
100 graph 3	I. DE (TYPE	CEASED NAME FIRST OR PRINT) ASSOCIATION JEANE;	tte H R	AS Chi 15. DATE OF BIRTH	October 19, 1	20.110 OK
1 (M)		female	caucasian	July 19, 1915	66 YRS.	DNTHS DAYS HOURS MIN
0 1 1 58	M	RTHPLACE (STATE OR FOREIGN OUNTRY) assachusetts	76. CITIZEN OF WHAT COUNTRY?	MARRIED LINEVER MARRIED L	Montague	CATALI MA
190	3	SISPE MD	1 HKATHOY TILL	NORSING HOME	176 USUAL OS UPATION (1745 OF WORE FOR MOST OF WOREHAS LIFE) Ope rator	Telephone
LAND 21		AL RESIDENCE (IF NURSING HOME OF STATE 13b COUN Md. Mon	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Ltgomery Silver	N 113d INSIDE CITY LIMITS?	See Item #11	
760 Jet	A	FIRST	yne Howe St	r. Mary Jo	sephine Mulc	
IMORE Poges medice			E WAR OR DATES)		28f@Rittenl schi Wash. D.C.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. Collection of Physician. NG PHYSICIAN: The low requires that the death certification. Were this certificate has been uponed by the attending physician. Were this certificate has been uponed by the attending physician os the buriotic remaining as temporal and Mental Hygiene prio to buriotic remaining at temporal orked or team 18 shows any injury, or other transment events.	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	ENCE OF	MINAL DISEASE OR CONDITION GIVE	BETWEEN ONSET AND DEATH STATE OF THE STATE
TAL RECO	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	
1510N OF VITA PHYSICIAN: TI trending physici r this certificate the burial-transif and Mental Hygi ed or Item 18 sh	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOTWILL AT WORK AT WORK	HOUR A.M. MONTH D	19 21f. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	(T I OR PART 2) COUNTY STATE
ATTENDING ospital or a copital or a ECTOR: After ad for use as 31. at Health or 21 is mark		220.1 certify that (I) (this haspi	ital) attended the doceased from 19	, and that in (my) (our) opinion	to 10/19/87, 10 death occurred on the date and haur	9, that (I) (we) lost and from the causes stated
HOSPITAL OR ned by the heronest DIR III be detached the State Described to DIR III be detached the State Described to DIR DIR III is the State Described to DIR		22d. PHYSICIAN'S NAME (TYPE O		ATTENDINGS PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/19/81
TO HOSPITAL retained by t TO FUNERAL should be det with the State IMPORTANT:	23a. E	BURIAL CREMATION, REMOVAL	EKAGUL M.S [236. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	lington Re. Bil	lisale, my
800 BP		Burial		Woodside Cemeta	ry Cohasset Norf	
DHMH - 16 50M 1/76 (VR A 15 (4))			rs FuneraladHom ve. Silver Sprin	ie a	GI 63 1981 Augustin	ARO SIGNAFURE



8	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 2 7 1 3 5		
	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
is offer death. Page 4 may be by the Lunch and a may be lied with the Lunch and a man a man and a man	1. DECEASED NAME FIRS (TYPE OR PRINT) TOTAL		20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
	FRIE	TA REINACH 14 RACE S. DATE OF BIRTH	OCTOBER 31, 1981 9:50 pm
	FEMALE	WHITE MAY 4. 189	MONTHS DAYS HOURS MIN
	70. BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? U.S.A. **MARRIED NEVER MARRIED DIVORCED D	9 BALTIMORE CITY OR COUNTY OF DEATH
	Olney	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Montgomery General Hospit	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
MARYLAND 2120' red within 24 hours ampletely filled in by ond 2 should be filled acommer fourther for the present the present that the present the present that the present the present that the present the present that the present that the present the pres	OSUAL RESIDENCE (IF NURSING HO 130 STATE 136 C MARYLAND MO	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) OUNTY 136, CITY OR TOWN NTGOMERY SILVER SPRING YES XX NO [TS? 13e STREET ADDRESS
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 1. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executive hospital or offending physician. 1. DIRECTOR: After this certificate has been signed by the ottending physician and certored for use as the burtal-transit permit. Then please remove carbon papers. Pages I be Dept. of Health and Mental Hygiene prior to burtal, cremation, arremoval. 1. If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical	14 FATHER'S NAME HEINRICH	MIDDLE HIRSCH 15 MOTHER'S MAIDE FIRST ROSALIE	MIDDLE LAST
	160 WAS DECEASED EVER IN U.S (YES NO OR UNKNOWN) (IF YES	CONE WAR OR DATES	3418° KILKENNY STREET. REINACH, STIVER SPRING, MARVIAND
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	sulgaria sulgaria
	PART TOTAL STORY FILE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	TO CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE		YES NO TENTE OF INJURY IN ITEM 18, PART 1 OR PART 2)
	(IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE AT WORK	AINER) P.M. 19 21e PLACE OF INJURY 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
	22a.1 certify that (1) (this l	hospitol otterord the deceosed from	inion death accurred on the date and hour and from the causes stated
	22b. SIGNA*UNE	ATTENDI PHYSICI	
TO HOSPITA retoined by TO FUNERA should be di with the Stori	22d PHYSICIAN'S NAMES	T160M [18/11]	P+Plany Dx, Oneghitelle
1407BP	230. BURIAL, CREMATION, REMO	236. DATE 11/2/1981 236. NAME OF CEMETERY OR CREMAT JUDEAN MEMORIAL GA	ARDENS COLNEY, MONTGOMERY, MARYLAND
DHMH - 16 60M 1/75 (VR A 15 (4))	24 FUDONALDIM, ST 232 CARROLL	EIN HEBREW MEMORIAL FUNERAL HOME STREET, N. W., WASHINGTON, D. C. O	V 4 1981 Three Van Mathen

STATE OF MARYLAND

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Chambers Funeral Home Riverdale, Maryland

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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE Arthur Cuming Ringland CERTIFICATE OF DEATH REG. NO L DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR INGLAND RTHUR 10-12-81 4 RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR Sept. 29,1882 Male Caucasian TO BIRTHPLACE ISLATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Brooklyn, N.Y. U.S.A. MONTGOMERY WIDOWED LE CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SUBURBAN Foreign Affairs Officer- Dept. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 3b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS Montgomery Maryland 6801-West Avenue Chevy Chase YES T NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Robert Burns Ringland Mary Glenister 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Chevy Chase, MC RESS 20815 IYES NO OR UNKNOWN D.S. Ringland (Daughter 6801-West Ave Yes-U.S. Army 1917-1919 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Respiratory Insufficiency IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [NO [71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from, October 12, 19 81 sow the deceased alive an OCOVIII 12 above, (1) (we) (did not) view the body after death. and that in (my) (aux) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) EXECUTIVE BLUD 20152 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE Washington, D.C. 20002 STATE 10-13-1981 Lee's Crematory Cremation

(VRA 15, 4)

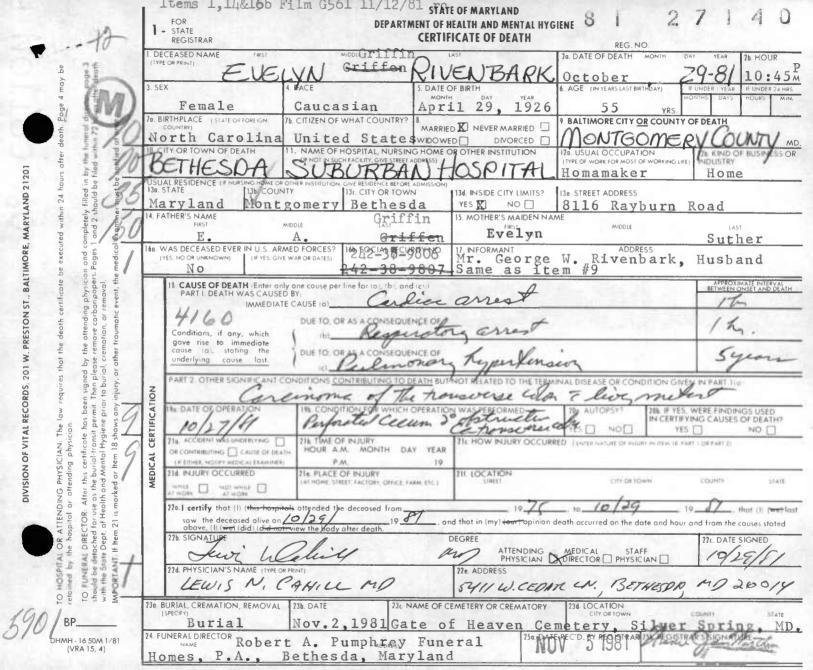
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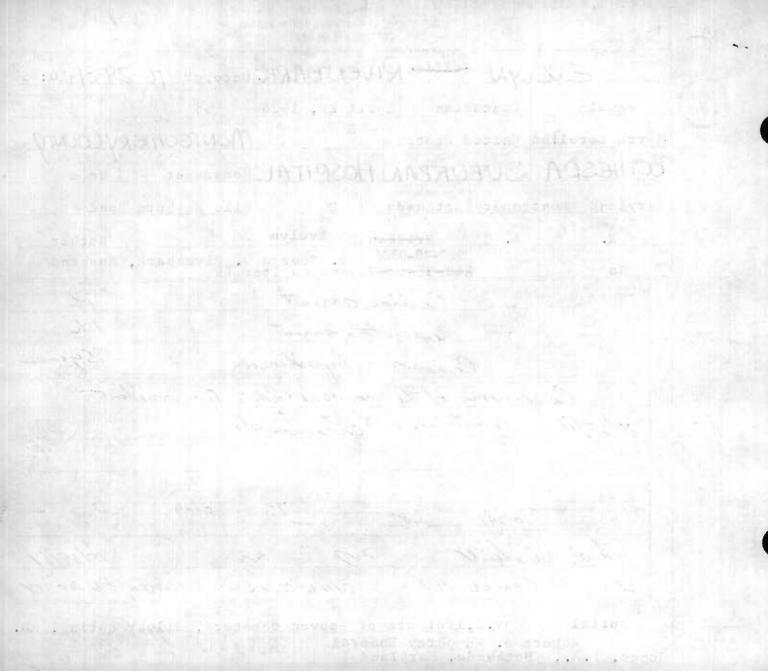
24 FUNERAL DIRECTOR Funeral Home-300-4th St.N.E. Wash.D.C.

DHMH - 16 50M 1/81

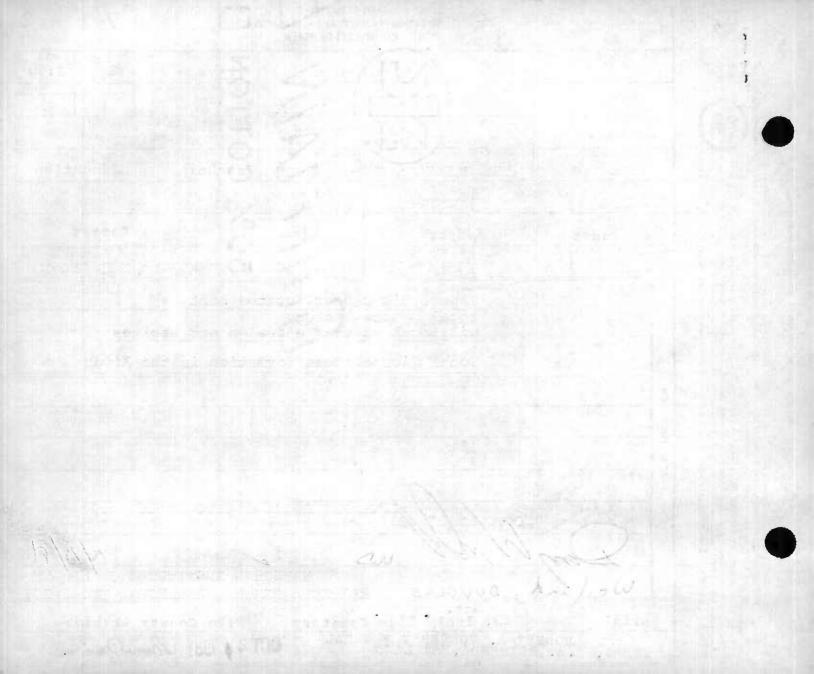
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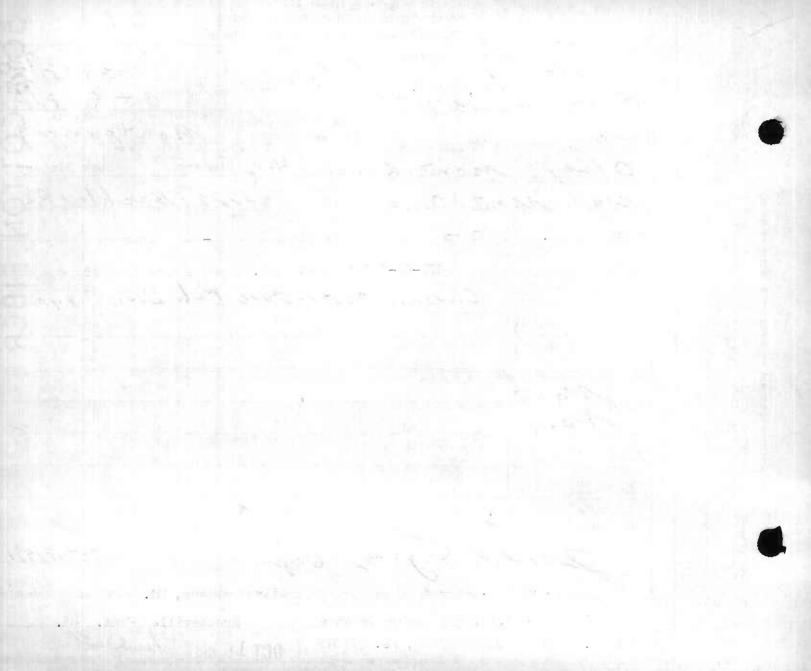




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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



. /	1	STATE OF MARYLAND	
1	11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 2	3
		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		DECEASED NAME FIRST DELORIS SHARP LAST ROLPH 20. DATE KNOWN MONTH DAY YEAR TYPE OR PRINT)	R 26 HOUR
20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 ,	Deleves Bolph. DEATH MATED Oct 9 19 1	2/7-2 M
NRY, PLEAS DIRECTOR OUR FILE 172 HOUR	3. SE	SEX 4. RACE 5. PATE OF PIRTH 2002 6. AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE MONTH DM 15.	Y MHQUR
ON STA	דיד	FEMALE WHITE 42 SEA 12 7 EVRS. HOURS MIN. PRONOUNCED OF E. 19 \$	4/5
ESSARY, BRALDIR PR YOUR THIN 72 RESTON		DITTERING WILLIAM OF WHAT COUNTRY OF DEATH	/ 10 M
ECESSARY INFRALDS FOR YOU WITHIN 72	FC	FOREIGN COUNTRY) MARRIED NEVER MARRIED	14
A white this is a		Minnesota USA WIDOWED DIVORCED WOOD ON THE CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF USK 12b. KIND OF	BIISINESS
SHEE SHEE SHEE	70.0	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDU	ISTRY
ELAY R TOTHE SE FILE			idery
21201 F ANY DELAY AND 3 TO 11 RETAIN PA HOUID BE FI RECORDS, 3		UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 136. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 136_STREET ADDRESS 1	10.1
FECORE)	Med Mont Ohav YES NOT 1752/Buchler	Rt
0 0007	14. F.	FATHER'S NAME FIRST MIDUE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST	
THE DE FERSION ON O	16a. \	Frank E. Sharp Nellie Pearson Was deceased ever in u.s. armed forces? Tib. social security no. 17. Informant Address	
BALTIMORE. S AFTER DEATH GIVE PAGES ITH FORM P PAGES I AN VISION OF V	()	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
		no 472-01-9991A Esther N. Sharp Same as # 13	ATE INTERVAL
M 18. G WI 18. G NG WIT RMIT. P NE, DO	-	18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	SET AND DEATH
STON ST V 24 HO V ITEM I ALONG TI PERM YGIENE OVAL		UG/ MMEDIATE CAUSE (a) Chronic Obstructione I we William You	V
MON ALL		DUE TO, OR AS A CONSEQUENCE OF	
201 W. PREST UTED WITHIN IN PENCIL II EXAMINER A SIAL - TRANSI O MENTAL HY	-	Canditions, if any, which gave rise to immediate (b)	
D WITH PENCIL AMINE TRAN		cause (a) stating the <u>under-</u> Ving cause last.	
ON SERVICE SER			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN TEM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WERE 3 SHOULD BE USED AS A BURAL-TRANSIT PREMIT TE DEPARTMENT OF HEALTH AND MENTAL HYGENE. 101 PRIOR TO BURRAL, CREMATION, OR REMOVAL.		PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	
L RECORDS. ULD BE EXECUTE SE MEDING." PENDING." PENDING." PENDING." PENDING." PENDING." PENDING." L. CREMATIL	Z	None	
L CAN PER	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOP	SY?
VITAL RE SHOULD ORD "PE CHIEF A T OF HE/ HURIAL, C	1 문	Vone	NO
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CRRTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF, TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL.		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	1100
5 SHERE			
PAR STORY	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211, LOCATION	
E SE	NA.	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
WR WR		WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	
ME. T		22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . Inquiry . Inquiry .	
M S T C E A		death resulted fram: Natural causes Accident Suicide , Hamicide Undetermined manner ,	
NATION STATES		TITLE (SPECIFY)	
O DINO		SIGNATURE M.D. /2000 MEDICAL EXAMINER SIGNED COS	7/981
SEAT SET SE	3	M.D. ALEXAMINER SIGNED	
ME A TE	4	EXAMINED NAME	
A PER PAGE	22- 0	(TYPE R PRINT) Dr. John S. Rogers ADDRESS SILVER Spring, Md.	
130	230.6	(SPECIFY) DITTO AT COUNTY	STATE
BP	24 5	BURIAL OCT.12,1981 Salwm Cemetery Brookeville Mont. Ma.	
DHMH - 17		FRANCIS H. BARBER LAYPONSVILLE, MD. 20879 1 C 1001	Gen
(VR A15 ME (5)) 15M 2/80		UC 1 10 198 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Die-
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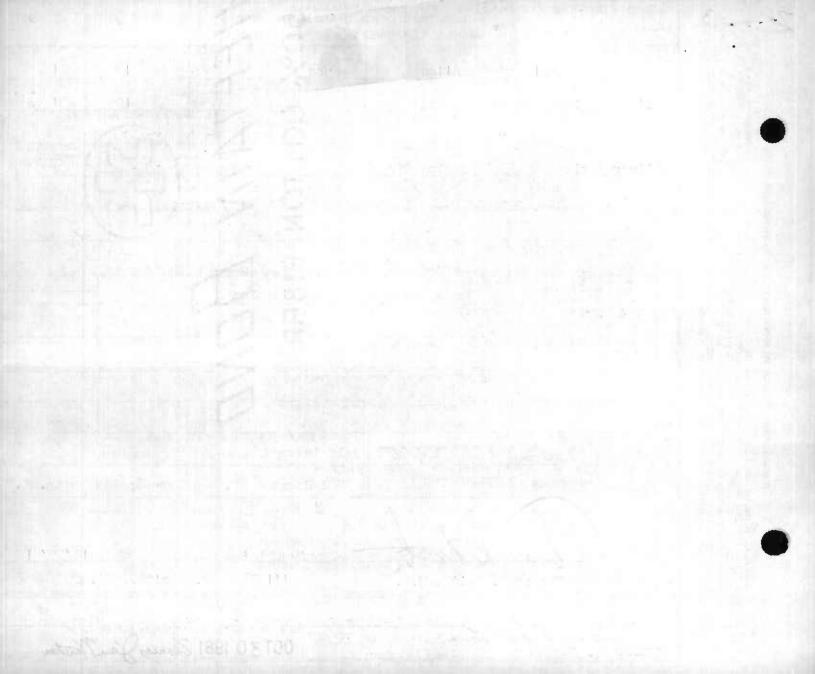


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		FOR			DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8	2	7 1	4 5
		STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
		OR PRINT)	NA		MIDDLE	R.J	ast 1	10 27 8	MON1H I	DAY YEAR	26 HOUR (3)
	3. SE			I. RACE		5. DATE C	DF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	_	HITE RIHPLACE (STATE OR FO	A	FEMAL		JUNE	7, 1896	85	YRS.		HOURS MIN
69	(OUNTRY)	KEIGI	U.S.A	WHAT COUNTRY?	MARRIEI WIDOWE	DI NEVER MARRIED DI DIVORCED	9 BALTIMORE CITY O			
90		TY OR TOWN OF DEAT	Н	1. NAME OF H		G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOUSEW	ION OF WORKING LIFE	126. KIND OI	F BUSINESS O
25	USU/ 130. S	L RESIDENCE (IF NURSIN	3b. COUN'	THER INSTITUTION.		ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS		OD DRIV	
7		THER'S NAME		IDDLE	LAST	JI KLING	15 MOTHER'S MAIDEN NAM				
20		BRAHAM	1116 15		SPIRO		TOBY			SCERTAI	
1	N. V	(AS DECEASED EVER IN ES NO OR UNKNOWN)		WAR OR DATES)	079-03-		BURTON NEW	MAN, BELTSV	HAPEL TLLE	VIEW DR MARYLAN	ID
	18. CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSED BY IMME				R AS A CONSEQUE	NCE OF	CCM CM C	INAL DISEASE OR CON	IDITION GIVE	6 M	MATE INTERVAL INSET AND DEATH
2	CERTIFICATION	19a. DATE OF OPERATION	N	19b. CONDI	ITION FOR WHICH	OPERATIO:	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES IN CERTIFY YES	, WERE FINDIN YING CAUSES (GS USED OF DEATH?
		218. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT	21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR				но []
	MEDICAL	21d INJURY OCCURRE		21e. PLACE (OF INJURY REET, FACTORY, OFFICE, FA		21f. LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
		220.1 certify that (1) (7 sow the deceased above, (1) (article 22b. SIGNATURE	plive on_	250	CT 191	/ /	d that in (my) (our) opinion of		FF	2	
1		WALTER	AE (TYPE OR	PRINT)	102H	90	2309 S/A	FOREFIE	70 K	ED WH	EATO
1		URIAL, CREMATION, RE	MOVAL	23b. DATE 10/28/			EMETERY OR CREMATORY	234 LOCATION RY ADELPHI	, PRIN	ICE™GEOR	RGES, M
		ONAPO MP. S 32 CARROLL			MEMORIAL W., WASH			30 1981 2	35b. REGIST	AR'S SIGNATU	The

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71. 3		tems #18a	-22a Fil	m G561	11/20/811 DEPARTMENT	OF HEALTH	ARYLAND	L HYGIENE		0 7	- 1	a	6
	1.	STATE REGISTRAR			DICAL EXAM				REG	. NO.	Si		
		PE OR PRINT)	FIRST	9	WIDDLE		LAST	20	DATE KNOWN		DAY	YEAR	2b. HOUR
PLEASE INFECTIOR. IN FILES. HOURS	L		Ronald		Allen		Russ	D	OF ESTI-	M 10	26	1981	M
STRE FE	3. SE	X 4 R/		ONTH DAY	YEAR LAST B	(IN YEARS IF UN		ER 24 HRS. 2c.	DATE	MÖNTH	DAY	YEAR	2d. HOUR
TO NO						8YRS.			DEAD	10	26	1981	3:10
SA SERV	A F	SIRTHPLACE (STATE O		CITIZEN OF W	HAT COUNTRY?		ED NEVER MA	RRIED 🔀	ALTIMORE CIT	_			
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OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DE THE CHEW MEDING". IN PENCIL IN ITEM 18. GVE PAGES 1. 2, AND 3. THE CHEM MEDICAL EXAMINER AIONG WITH FORM PM. 3. RETAIN ILD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD B. WENT OF HEALTH AND MENTAL HYGIENE, DIVISION OFWITAL RECORD.	-	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTI	RIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASI	OR CONDITION GIVEN IN	PART 1 (d)					
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1170 Rockville Pike

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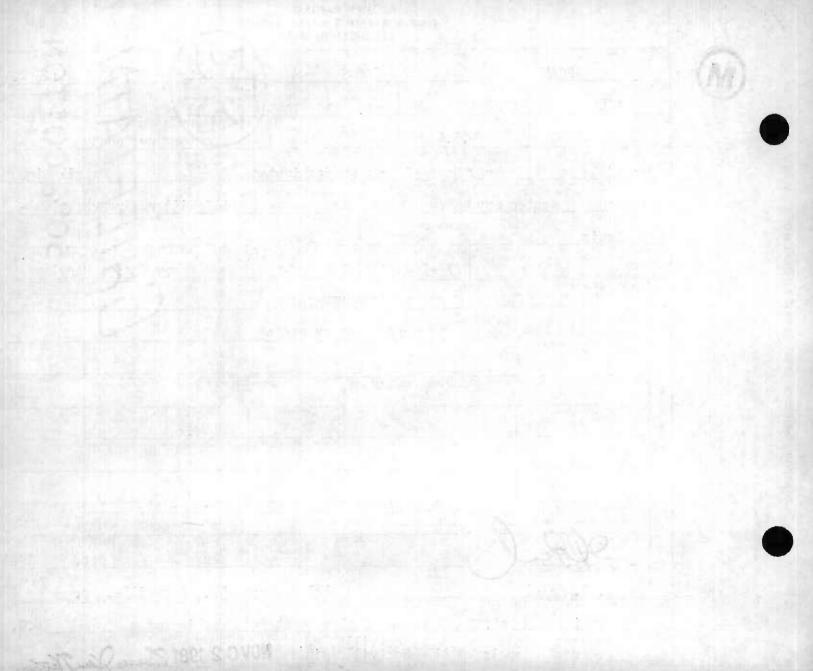
(VRA 15, 4)

Memorial Chapels

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

D.C.

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72	1.	FOR - STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8 1 2	7 1 4 9
moy be		CEASED NAME FIRST	VINCENT PACE	SANTILLI S. DATE OF BIRTH MONTH DAY YEAR	20. DATE OF DEATH MONTH D. / O - 7 6. AGE (IN YEARS LAST BIRTHDAY)	YEAR 26 HOUR - 8 D M IF UNDER 1 YEAR IF UNDER 24 HRS ON 18 DAYS HOURS MIN.
r death. Page 4		IRTHPLACE (STATE OR FOREIGN 76, COUNTRY) IT TALY ITY OR TOWN OF DEATH 111.		MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	74 YRS. BALTIMORE CITY OR COUNTY OF THE OWN TRANSPORTED TO THE OWN TRANSPORTED TO THE OWN THE	OF DEATH
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MORE, MARYLA e executed within n and completely Pages I and 2 the	16a V	ATHER'S NAME FIRST CARLO WAS DECEASED EVER IN U.S. ARMED YES, NO OR UY KNOWN) (IF YES, GIVE WA	SANTLA D FORCES? 166 SOCIAL SECURI		ADDRESS FR.	ALL EONE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of attending physician. Wher this certificate has been signed by the attending physician and completely tilled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 that the hand Mental Hygiene prior to burial, cremation, or removal. The statement of the statement of the properties of the medical examiner multiple or the medical examiner multiple or the statement of the sta	Z	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE COnditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	ETASTASES CEOF WIDESPI	CINDAIA	APPROXIMATE INTERVAL BETWEEN OBSET AND DEATH AND HOLD TO THE TO
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DIVISION OF VITAL RI TO HOSPITAL OR ATTENDING PHYSICIAN: The Ic etained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate hos should be detached for use as the burial-transit per with the Store Dept. of Health and Mental Hygiene IMPORTANT: If them 21 is marked or them 18 shows	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE STOOM AT WORK 220. I certify that (1) (this hospital) sow the degeosed alive on obove/ (1) (we) (did) (did not) via 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PRIN	the Orga /	NOV 1979	eoth occurred on the date and hour. MEDICAL STAFF DIRECTOR PHYSICIAN	county state 9 S , that (I) (we) lost and from the causes stated 124. DATE SIGNED CXTOBSE 7, 1937
5802BP		SPECKY)	Och. 10.19 & Mar. Mallay, 254 Cons	ME OF CEMETERY OR CREMATORY MI CHILLIA	BECD BY REGISTRANTIA REGISTR	COUNTY STATE AR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.					
		CEASED NAME BIANT	Che / R.	Š	APP	20 DATE OF DEATH	MONTH DA	VEAR	26. HOUR			
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31	ary	gland Prince	e Georges Belts v	ille	13d. INSIDE CITY LIMITS?	11406 Cher	ry Hil	l Road	,			
0	J	Iohn Niceler	Russell		15. MOTHER'S MAIDEN NA/ FIRST Delia Ani	n Cooper		LAS				
2		VAS DECEASED EVER IN U.S. AR. YES. NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES		Mrs. Ann Bohi	1601△°CM net-Silver		, Mary	land			
		PART I. DEATH WAS CAUSE	oly one couse per line for (a), (b) and D BY: TE CAUSE (a)	0 - V	ascular As	cilent		BETWEEN 3	MATE INTERVAL ONSET AND DEATH			
	1	Conditions, if any, which	40	me								
		cause (a), stating the underlying cause last	11	/								
<i></i>	TION		conditions <u>contributing to d</u>					990				
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9	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IY IN ITEM 18 PAR	IT I OR PART 2]				
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	214 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE			
H		22a. Certify that (1) (this hospital) attended the deceased flame										
	0	The SIGNATURE	if me		ATTINDING PHYSICIAN	MEDICAL STAIL DIRECTOR PHYSIC		22c. DATE	SIGNED (
/		PHYSICIAN'S NAME THEO	WARD 611	6 R	22e ADDRESS	Bether	h	208	17			
		SURIAL, CREMATION, REMOVAL SPECIFY) Burial			Memorial Par	k Baltimore		COUNTY	Md.			

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home

Moreland Memorial Park Baltimore

Md.

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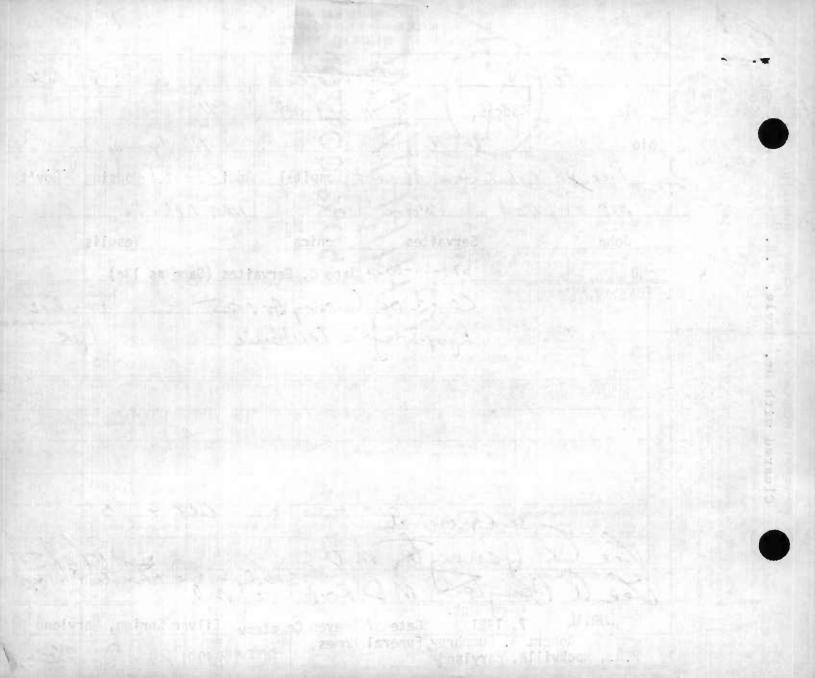
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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X	-1	FOR	STATE OF MARYLAND	1 2 0
9	1	- STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 2 2
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7. P	WII	11 /11	MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN PRONOUNCED	C 25
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	- H	FATHER'S NAME	15 MOTHER'S MAIDEN NAME	12/0
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SE WE	€	deoth resulted from: Natura	al causes, Accident, Suicide, Hamicide, Undetermined manner,	
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TO MEDICAL EXAMINER: T FEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BATTIMORE, MARYTAND, 2		(TYPE OR PRINT)	- Ani	n M. Dixo				ADDRESS		nn St.				
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500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

(VRA 15, 4)

STATE OF MARYLAND

10-5-81 14-5 William - M. Shew yasmaptuoMi Bethesdo Suburban Hospital

STATE OF MARYLAND

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nding physician and completely carbon paper. Pages 1 and 2 sh

If O FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

OR ATTENDING PHYSICIAN: The low

Aetained by the hospital or attending physician

IMPORTANT: If them 21 is marked ar them 18 shows any

injury, or ather traumatic event, the

FOR

STATE OF MARYLAND	-0	673	9	,	
ENT OF HEALTH AND MENTAL HYGIENE	8	2	/	1	

DEPARTM

- STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	10.		
1. DECEASED NAME (TYPE OR PRINT)	FIRST	WIDDLE	L	AST	20. DATE	OF DEATH	MONTH	DAY YEAR	26. HOUR
(TO CONTRACT)	Mary	Louise	S	hivers	Octo	ber 1	16, 1	981	7:1511
3 SEX		RACE	5. DATE C			YEARS LAST BIR	THDAY)	MONTHS DAYS	
Female	9-11-1	Caucasian	Augu	st 30,191	2 6	9	YRS.	, DATS	, man
7a. BIRTHPLACE (STATE OF	R FOREIGN 7	CITIZEN OF WHAT COUNTRY?	AAADDIEI	NEVER MARRIED	9. BALTIA	ORE CITY	OR COUNT	Y OF DEATH	
Ohi	0	United State	WIDOWE	DIVORCED [ntgoi	nery		M
in city or town of D Silver Sp:		1. NAME OF HOSPITAL, NURSING CATTLAGE HILL			(TYPE OF W	ORK FOR MOST	OF WORKING L		
USUAL RESIDENCE (IF NO 130 STATE Marylan		other institution, give residence before 134 CITY OR TOWN SOME TO SILVET		13d. INSIDE CITY LIMITS?	13e. STRE	d Blv	3349 7d.	9-S. L	eisure
Chester Chester	ħ	Brase Ito	n	Mary	NAME	MIDDLE		Whitm	ore
(YES, NO OR UNKNOWN)		NED FORCES? 166 SOCIAL SECUL VAR OR DATES) 578-01-		"dwald M. Drive, I	Shiv			land	k Haven
18. CAUSE OF DEA		one couse per line for (a), (b), an	id (c).)	0 1	AND THE	1/-	0.0-	APPRO BETWEEN	NIMATE INTERVAL
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Conditions, if or		(b)		Deas	Ca	nce		10	gran
cause (a), sta underlying cau	ting the	DUE TO, OR AS A CONSEQU	ENCE OF						V
	GNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISE	ASE OR CON	IDITION G	IVEN IN PART	1(0)
190. DATE OF OPER	RATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES [TOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE (ES []	OINGS USED ES OF DEATH? NO
00.000,470,00470,40	CAUSE OF DEAT	11b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER	NATURE OF INJU	JRY IN ITEM 18	, PART T OR PART 2)	
(IF EITHER, NOTIFY MEE ZId. INJURY OCCU WHILE NOT	WHILE WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	The second	CITY OR TO	WN	COUNTY	STATE
saw the dece	ased alive an_	ottended the deceased from 19 view the body after death.		nd that in (my) (aur) apini		rred on the o	ote and ha		ne causes stated
22b. SIGNATUR	hor	Primac	hm	DEGREE ATTENDING PHYSICIAN	MEDICA	AL STA	AFF CIAN []	10 DAT	168
22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)		22e ADDRESS	25 41	STEE			
Aron		Primack		106 Irving	Stre	et N.	W. Wa	shing	ton, D. (

Street N.W. Washington, D.C. 23d. LOCATION CITY OR TOWN

COUNTY

Asbury Meth. Chuch 23b. DATE Oct. 20, 1981 230. BURIAL, CREMATION, REMOVAL (SPECIFY) URIAL 24 FUNERAL DIRECTORRODert Pumphrey Funeral Bethesda, Maryland

By REGISTRAN 256. REGISTRAN'S SIGNATURE

3 1081 Trances Van Wathen 25a. DATE REC'D.

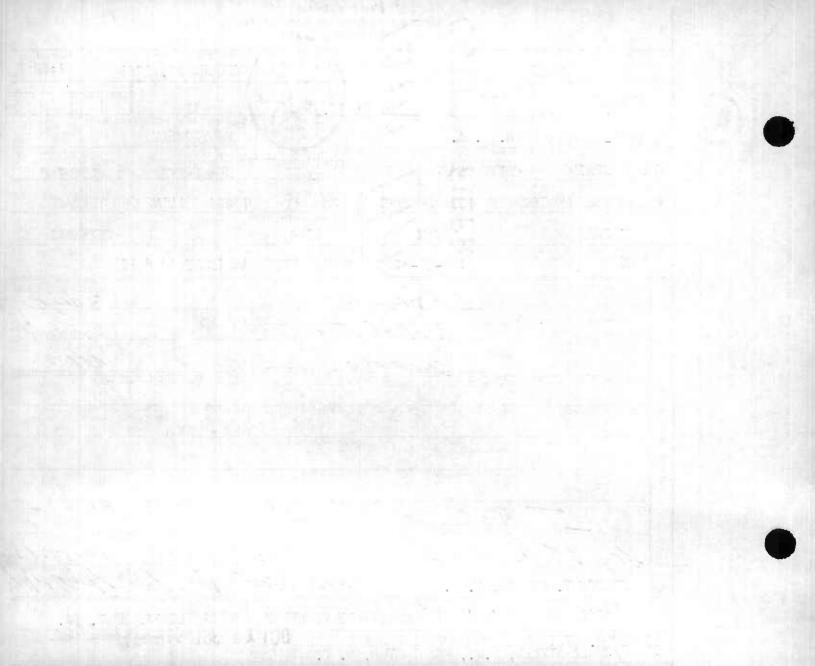
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BP DHMH - 16 50M 7/77 (VR A 15 (4))

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or de for de		10. C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATI	ON	26. KIND OF	BUSINESS OR
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ng proban			M A M A	ATE CAUSE (a)	Sept		mua.				
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K	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 REG. N					
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24 FUNERAL DIRECTOR Joseph Gawler's Sons. Inc.

5130 Wisconsin Ave., NW, Washington, D.C. 20016

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

MONTH

2h HOUR

12b. KIND OF BUSINESS OR

Hospital

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Lehman

IF UNDER I YEAR

INDUSTRY

COUNTY

250. DATE REC'D BY REGISTRAR 254 REGISTRAR'S SIGNATURE

1981 Names

10/23/11

STATE

7:09A

2a, DATE OF DEATH

DIVISION OF VITAL RECORDS, 201 W.

DHMH - 16 50M 1/81

(VRA 15, 4)

FOR

REGISTRAR

DECEASED NAME

- STATE

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		• STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.
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hoy be		Pear Pear	N E.	Smith		10-22-8/4:030
m od od	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR IF UNDER 24HRS
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O HOSPITAL etained by th TO FUNERAL should be det with the State MPORTANT:		John A	SALOHON	no 5225 Pook	SHILL PRO	Beffesdant
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DHMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR	ADDRESS	200	F30 1981 7	PANES LEW KITHEN
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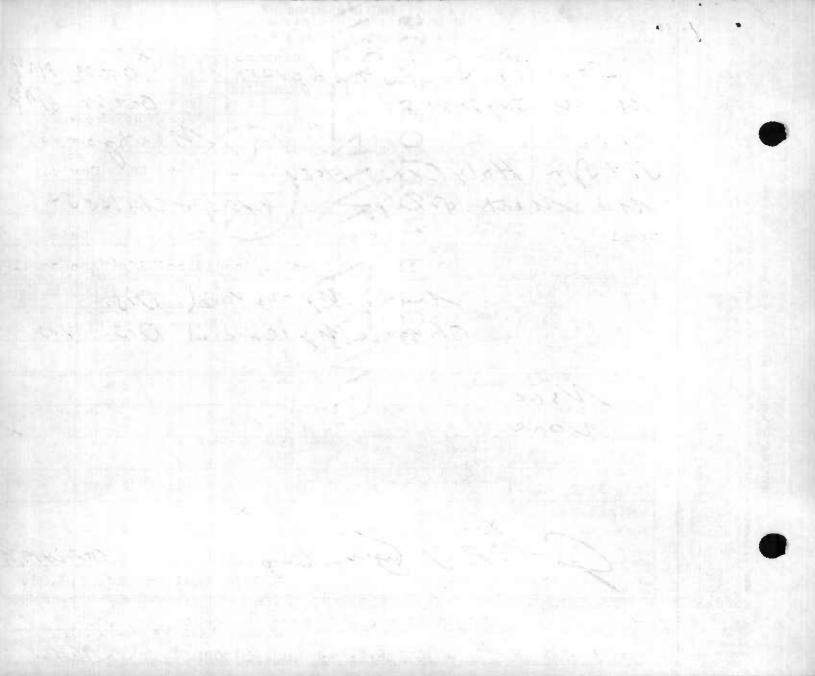
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175	ems #18a-22a Fil FOR STATE REGISTRAR	m G561 11/24/81restate of DEPARTMENT OF HEA	LTH AND MENTAL HY		7 1 6 5
	ECEASED NAME FIRST PE OR PRINT)	Lucile	Smoykefer	KEG. NO.	0 1 1981
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3	SIRTHPLACE (STATEOR OREIGN COUNTRY) OKlahoma	U.S.A. WI	ARRIED NEVER MARRIEI	□ Montgomery	County, "
) G	aithersburg	11. NAME OF HOSPITAL, NURSING HOME, OR (F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Wa		120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	WORK 126 KIND OF BUSINESS OR INDUSTRY
130. 3	Md. Monte	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y SOMERY Gaithersbur		17060 King Jam	es Way #904
	ATHER'S NAME First Jesse	MIDDLE LAST - Jones	15. MOTHER'S MAIDEN	WIDDLE	Carter
160.	WAS DECEASED EVER IN U.S. ARM YES, NO, OR UNKNOWN) (IF YES, GIVE V	NED FORCES? VAR OR DATES) LILY 7-20-3451			elter Lane Md. 20715 APPROXIMATE INTERVAL
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MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196, CONDITION FOR WHICH OPERATION 216, TIME OF INJURY			20. AUTOPSY?
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	SURIAL, CREMATION, REMOVAL 23 SPECIFY) Cremation (CUNERAL DIRECTOR	Oct.13,'81 Lee's Cre	DATE DE	23d LOCATION CITY OF LOWN Washington, D.	COUNTY STATE
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		CEASED NAME FIRST	Stanley MIDDLE S LAST Spodgrass 20. DATE KNOWN MONTH	DAY YEAR PH HOUR
ASE JRS ET,		1 t 22	nley de In a devary DEATH MATED Oct.	2310 AM A M
R FILE STREET	3. SE	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 24 HOUR
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NITH RESERVE	FC	ash.D.C.	USA WIDOWED DIVORCED DIVORCED	
IS SEED S		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORL) 121	b. KIND OF BUSINESS
DELAY IS NECESSARY, PLEASE 170 THE FUNERAL DIRECTOR. N PAGE 5 FOR YOUR FILES. 105, 201 W. PRESTON STREET.	١.	Set Sox	(IF NOT IN SUCH FICULTY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Navy Yard US	Gov't.
0-400		AL RESIDENCE (IF IN JURSIN HOATATE 136 CO	OME OR OTHER INSTITUTION, OWE RESIDENCE BEFORE ADMISSION) OUNTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS	01
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DEATH. II SES 1, 2, N PM 3. AND 2 S		ATHER'S NAME FIRST	MIDDLE LAST 15. MOTHER'S MAIDEN NAME MIDDLE	LAST
OF LOPE		Stanley vas deceased ever in u.s	S Snodgrass Mary Emma S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Suit
BALTIMORE, S AFTER DEA! GIVE PAGES TITH FORM PI PAGES I ANI	()		577 12 8680M Emma D. Snodgrass(Wife)Sa	ame as #13
HOURS / HOURS / M 18. GI NG WITH RMIT. PA	F	18. CAUSE OF DEATH (Enter	ter only one couse per line far (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST., 24 HOUR ITEM 18. LONG W PERMIT. SIENE, D		PART I DEATH WAS CAU	AUSED BY: REDIATE CAUSE (a) toute My out Vois (1)	BETWEEN ONSET AND DEATH
PRESTON THIN 24 H TIL IN ITEM THE ALOW ANSIT PER AL HYGIEN REMOVAL		4291	DUE TO, OR AS A CONSEQUENCE OF	1/.
WITHIN NCIL IN NCIL IN INER A VITAL HY	-	Canditions, if any, whi gave rise to immedia couse (a) stating the und	edicte (b) Chronic My OUSVELS (NO.	yvs
201 W. PR UTED WITH IN PENCIL EXAMINES STAL-TRAN O MENTAL ON, OR RE		lying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	
EXECU NG" 1 CAL E CAL E A BURI		PART 2 OTHER SIGNIFICANT CONDITION	(C)	
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F VITA TE SHOWOND WOND WOND SO BE US BE US BENTOF	F	210 EXTERNAL CAUSE WAS		YES NO NO
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CERTIFICATION TO SEPARATE DEPARENTE	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
DIV THIS CI WARDE WARDE PAGE 3	¥	WHILE NOT WHILE	E STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNT	TY STATE
BIVISION OF VITAL RE R: THIS CERTIFICATE SHOULD VIE, WRITING THE WORD "PE RWARDED TO THE CHIEF M R: PAGE 3 SHOULD BE USED A E: STATE DEPARTMENT OF HEA D, 21201 PRIOR TO BURIAL, C			charge of the remains described above, held on Autopsy . Inspection linguity . and in my apini	non.
#2c5±₹			Natural couses Accident Suicide , Hamicide Undetermined monner ,	
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A A H. A A L.	1	SIGNATURE	MEDICAL EXAMINER SIGNED.	100 1417,87
AEDI NO NE		EXAMINER AME (TYPE OR FINT)	John S. Rogers 1919 Seminary Rd.	S.S.Md.
TO MEDICAL EX EXECUTE THE GE PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, W BALTIMORE, MV	23o.B	URIAL CREMATION REMOVA	ADDRESS VAL 236. NAME OF CEMETERY OF CREMATORY 23d LOCATION CONTROL 23d LOCATION	
1500 BP		specify) urial	10/27/81 Glenwood Cemetery Washington, D.C	
DHMH - 17		UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIG	NATURE
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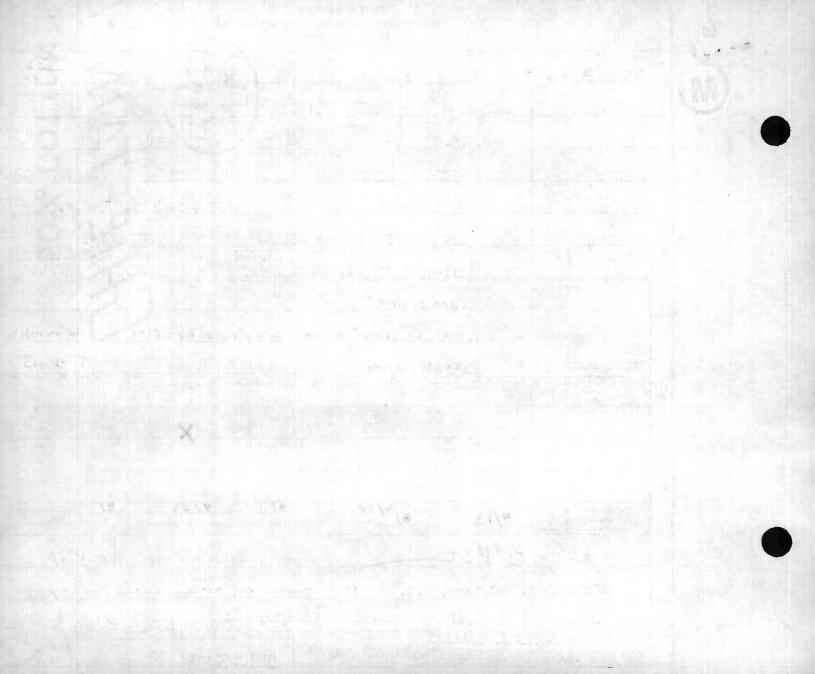
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, BALTIMORE, MD. 21 DURS AFTER DEATH. IF B. GIVE PAGES 1, 2, WITH FORM PM 3. T. PAGES 1 AVD 2 SH. DOVISION OF WITH IT		(IF YES, GIVE	WAR OR DATES)			CARLUS A SOMOZA-824 PHIL	LADERAM ANE				
N ST., 84 24 HOUR FEM 18. G ONG WI ERMIT. P		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	BY: M	far (a), (b), and (c).)	Tai	ories Severe	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
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	1,	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL OISEAS	E OR CONDITION GIVEN IN PART 1 (a).					
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N OF V	AL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR	- 63.36	MONTH DAY YEA	R	DW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	ART 2)				
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DIVISION OF VITA BILLIS CERTIFICATE SHO ATE, WRITING THE WORD ORWARDED TO THE CHI R: PACE 3 SHOULD BE US E STATE DEPARTMENT OF	×	WHILE NOT WHILE AT WORK	STREET, FACT	ORY. FARM, ETC.)	800	Black Phiclas Phis are Sil SP Mi	ont. Md.				
NER: ICATE, FORV TOR: P	1	22a. I certify that 1 taak charg	e af the remains des	cribed obove, held an	Autop	sy 🔲 , Inspection 🔯 , Inquiry 🗹 , and in my a	pinion				
M F B B F F A		, death resulted fram: Notur	al causes,	Accident X, S	uicide 📖	, Hamicide . Undetermined monner . , TITLE (SPECIFY)					
A		ACTUAL SIGNATURE	n 9. 13.	ell	M	DEPUTY MEDICAL EXAMINER SIGNI					
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BATTIMORE, A	-	EXAMINER'S NAME (TYPE OR PRINT)				ADDRESS					
PAGE EXEC	23a.8		3b. DATE	23¢ NAME OF CE		ADDRESS	нгу дбл				
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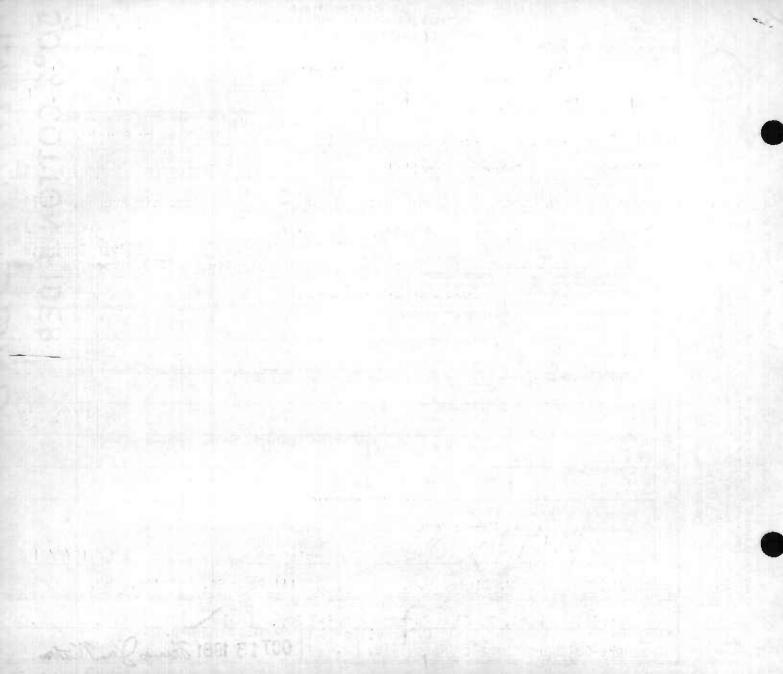
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



4.		FOR STATE		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 7									
		REGISTRAR		MEI	DICAL EXAMI	NER'S	CERTIFICATE	OF DEATH	REG. NO.				
		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE	KNOWN 🔀	MONTH	DAY YEAR	2b. HOUR	
36 Page 1	,,,,		Lisa		Gay		Sterling	. DEAT	ESTI-	10	6 1981	M	
252080	3. SEX	(I. RACE	5. DATE OF BIRTH	YEAR LAST BIRTH	YEARS IF U	NDER 1 YR. IF UND	ER 24 HRS. 2c. DA	TE	MONTH	DAY YEAR	2d HOUR	
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ララニ> : / /	Wa	shingto	n, D.C.	U.S	.A.	WIDO			tgomery	Coun	ty,	MD.	
TESTON ST., BALTIMORE, MD. 21201 HIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEC. IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUN R. ALONG WITH FORM PM. RETAIN PAGE 5 F VSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WI HYGIENE, DIVISION OF VITAL RECORDS, 201 W. P. HYGIENE, DIVISION OF VITAL RECORDS, 201 W. P.		ty or town o Bethesda		(IF NOT IN SUCH FA	PITAL, NURSING HOAD CILITY, GIVE STREET ADDRESS TO HOSPITAL	ME, OR OT	HER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Salesperson				126. KIND OF BUSINESS OR INDUSTRY Real Estate		
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BALTIMORE. S. AFTER DEA! GIVE PAGES TITH FORM PI PAGES I ANI		No			216-64-1	412		Sterling	2512	Harma	an Road		
WIRS WIT PAIN		18 CAUSE OF	DEATH (Enter on	ly ane cause per line	far (a), (b), and (c).)						APPROXIMA BETWEEN ONS	TE INTERVAL	
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Z FEEEE		gave rise	s, if any, which to immediate	(b)						100			
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SIAL SEE	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							PES X NO D		
O 4 m + 5 ≥ 5 ×		210. EXTERNAL UNDERLYING CONTRIBUTIN	-		MONTH DAY YE	AR 21c. F	OW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PA	URT 1 OR PART	2)		
DIVISION THIS CERTIFIC E, WRITING TH RWARDED TO F, PACE 3 SHOU F, TATE ES SHOU 7, 21201 PRIOR	MEDICAL	21d INJURY OF WHILE AT WORK	NOT WHILE C	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		OCATION STREET	CITY OR 1	OWN	COUN	1TY	STATE	
TO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STANDARD ARTHORS, PAGE, MARYLAND, 2			that I taak charg	ge of the remains des	cribed abave, held an	HEAD Auto Suicide	ON Inspec psy , Inspec , Hamicide I TITLE (SPECIFY) M.D. ASSISTAR	/ Undetermined	manner .	DATE SIGNED	10/6/	'81	
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los.Gawler's Sons, Inc. 5130 Wisc. Ave, NW-Wash, DC

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE C

CERTIFICATE OF DEATH

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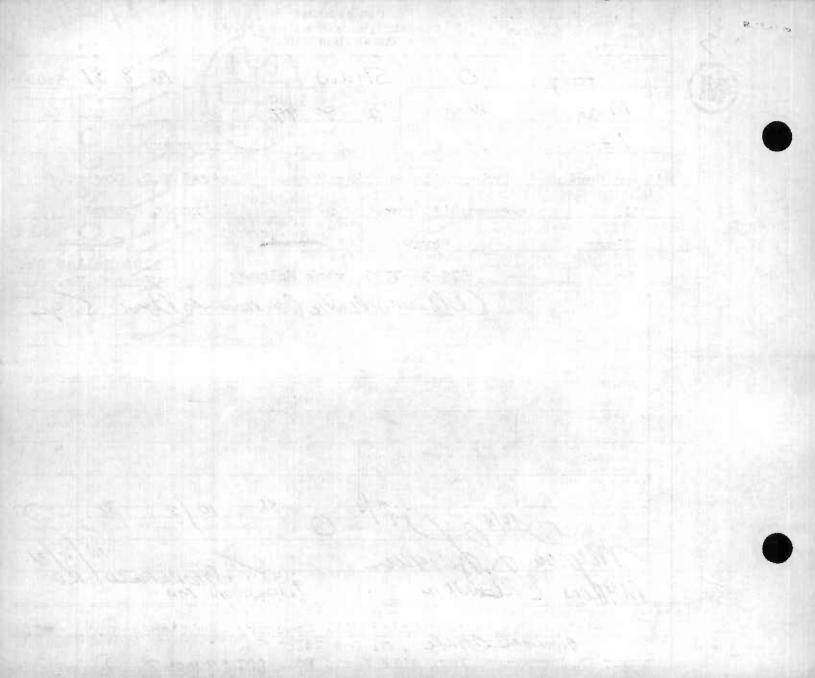
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STATE OF MARYLAND

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BALTIMORE, MARYLAND cate be executed within 24 spers. Pages i and 2 should val: it, the medical examiner mus		Md.	Mor	tgome		Spr.	YES X NO [001 Arco	la Av	enue	
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w pain plan plan plan plan plan plan plan pla		Elmer		William I.	Str		FIRST	Marga	ret MIDDLE		Wnknot	Brown
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that that d by lease ial, c				(c)_			MESCAS RE					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., W. PRESTON ST., OF PHYSICIAN: The low requires that the death certification physicion. The this certificate has been signed by the ottending phase the burnel-transit permit. Then please remove carbonp thand Mental Hygiene prior to burnel, cremation, or remained at them 18 shows ony injury, or other troumatic even	Z	PART 2. OTHER SIGI	NIFICANT (CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	HE TERMINA	L DISEASE OR CON	DITION GIVE	N IN PART 10	
OR ree	CERTIFICATION	19a. DATE OF OPERA	TION	IAL COND	UTION FOR WA	UCII ODEDATIO						
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3208	73u. 8	URIAL, CREMATION	REMOVAL	73b. DATE		731 NAME OF C	EMETERY OR CREMA	TORY	THE LOCATION		COUNTY	940
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DEPARTMENT OF HEALTH AND MENTAL HYGIENS STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Lucy Alice DEATH MATED 19 8 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Cauc. July 22,1921 60 YRS DEAD 76. CITIZEN OF WHAT COUNTRY? OR BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) Virginia MARRIED T NEVER MARRIED United States WIDOWED 01190mer DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION LIVE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Giant Food Clerk USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Montgomery Maryland 13c CITY OR TOWN
Gaithersburg 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 123 E- Deer Park YES NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE W MIDDLE Charles Sophie Darnell McVev 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Elliott-ADDRESS 21 (YES, NO, OR UNKNOWN) Timber BURIAL-TRANSIT PERMIT. PAGES I (IF YES, GIVE WAR OR DATES 220-01-0283 Creek Clarksburg, Maryland CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Auto Accident. Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES NO SE 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 UNDERLYING AOR HOUR AME MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH WHILE AT WORK AT WORK STATE Inspection X 220. I certify that I took charge of the remains described above, held an DIRECTOR: death resulted from: Notural couses Accident Homicide Undetermined monner TITLE (SPECIFY ACTUAL TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, ' SIGNATURE. MEDICAL EXAMINER EXAMINER'S NAME John G. Ball 7936 Old Georgetown TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE () C T O D & DR. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE BURIAL 1981 arklawn Mem. Park Rockville BP Marvland 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Homes, P.A. Rockville, Maryland 15M 7/77

STATE OF MARYLAND

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DHMH - 16 50M 1/81

(VRA 15, 4)

FOR

STATE OF MARYLAND	A 2
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	C
CERTIFICATE OF BEATH	

- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO DECEASED NAME FIRST MIDDLE 2a. DATE OF DEATH MONTH DAY YEAR 2h HOUR (TYPE OR PRINT) 8 orris 3. SEX 1 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH Female 65 15 To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED NEVER MARRIED Texas United States WIDOWED Montgomery CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Housewife Home Grove Adventist SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES XX arylana Gaithersburg Foramingham NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Efram Ethel Owen Jefferson A. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. ADDRESS 17. INFORMANT (IF YES, GIVE WAR OR DATES) 451-12-8129 Lawrence E. Sullivan Same as No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a) b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 onditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO I 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET FACTORY, OFFICE, FARM ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 20 saw the deceased alive an. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE(SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

230 BURIAL, CREMATION, REMOVAL November SPECIFY) Burial

22d. PHYSICIAN'S NAME (TYPE OR PRINT

USAN

23¢ NAME OF CEMETERY OR CREMATORY Lawnhaven Cemetery

22e. ADDRESS

San Angelo.

24 FUNERAL DIRECTOR Robert

Rockvil Maryland

ithrow

Homes, P.A.

250 DATE REC'D, BY REGISTRAR SEREGISTRAR'S SIGNATURE

United Senten The same of the sa All-12-1120 bayeance at Sullivan Tand an Li trees to an investment to the trees. Item to the trees to .A.d , sumon

3	. 18		FOR STATE REGISTRAR		м	EDICALE	MENT OF H	EALTH		ENTAL H			REG.	2 NO.	7	P Sales	71/2	8
	24.25.2		CEASED NAME E OR PRINT)	THOMAS	S	C.	S	SULLI	VAN			20. DATE OF DEATH	KNOWN ESTI- MATED	-	onth Oct	5,	YEAR 81	26. HOUR 9:59 a
	PASSECTION SEE	3. SE	Male	1 RACE Caucasio	5. DATE OF BIRT	н 8,19¶4	6. AGE (IN YEAR	MONTHS	DER 1 YR.	IF UNDER	24 HRS. MIN.	2c. DATE PRONOUN DEAD	CED	MC	Oct	5,	YEAR 81	2d. HOUR 9:590
		EC.	RTHPLACE (ST PREIGN COUNTRY) PASHINGT	ON, D.C.	76. CITIZEN OF	WHAT COUNT	120	8. MARRIE	_	VER MARRI DIVORC	IED	9. BALTIM	ore cit	Y OR C	OUNTY		,	MD.
	PAGE 3	10. C	ilver S	OF DEATH	11. NAME OF HE (IF NOT IN SUCH HOLY	OSPITAL, NUR IFACILITY, GIVE STI Cross	SING HOME, REET ADDRESS)	OR OTHE	R INSTITUT	TION	12a. USU FOR M	AL OCCUP	PATION (KING LIFE) POL1			OR	INDUSTI	ISINESS RY
	ANY DE RETAIN PROVIDE RECORD	Ma Ma	residence of	IF IN NURSING HOME O		GIVE RESIDENCE		N)	3d. INSIDE CI	ITY LIMITS?	13°, STRE	O PLY						
1	ORE, MD. 2 DEATH. IF A GES 1, 2, A RM PM 3. R I AND 2 SH O EVITAL R	14. F/	THER'S NAME	MIAH	MIDDLE	L	AST IVAN			R'S MAIDE	NAME		IDDLE		7.00	LA		
	"BALTIMORE, MD. 21201 SI GIVE PAGES 1, 2, AND: WITH FORM PM. 3. RETA WITH FORM PM. 3. RETA WITH FORM PM. 3. RETA WITH FORM PM. 5. RETA WITH PM. 5. RETA WIT	16a. V (Y		EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. 50¢	1 V AIN 1 AL SECURITY 6 - 46 - 95 20 1 - 25 1 6	261	7. INFORM	MARY MANT JBYE H		111111	ADDRE	SAM	E AC	LAA S 13		WIFE
	W. PRESTON ST., WITHIN 24 HOUR WINNER ALONG W MINER ALONG W TRANSIT PERMIT. SITAL HYGENE, D OR REMOVAL.		Canditian gave risi couse (o)	F DEATH (Enter onl ATH WAS CAUSED IMMEDIAT s, if any, which e ta immediate stoting the <u>under-</u>	DBY: E CAUSE (a) DUE TO, (b)	Ac	and (c).) SEQUENCE O SEQUENCE OF	n 10	114	ny	vdi:	al	Dil	Di		APPI	ROXIMATE	INTERVAL I AND DEATH
	A U T - III	ATION	PART 2 OTHER SIG	NIFICANT CONDITIONS C		IN BUT NOT RELAT					RT 1 (a).					20 AU	TOPSY?	
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	PAC 212	WE	WHILE AT WORK	NOT WHILE AT WORK		ACTORY, FARM, ETC		STR				CITY OR TOV	VN		COUN	ŤΥ		STATE
	DICAL EXAMINER: F. THE CERTIFICATE I SHOULD BE FOR IERAL DIRECTOR: ORE, MARYLAND:		deoth resulte	20	al causes 🔀,	Accident	e, held on Suic	Autopsy ide ,		Inspection ide ,	Undete	Inquiry rmined ma	nner	and in i	ATE	ion Ext	.6,	1981
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERALL AFTER DEATH BALTIMORE,	73a B	IRIAL CREMAT	NAME JOHN			AME OF CEMI			1919		VARY	ROAD	,SII	VER	SP	RING	MD.
3	7000 BP	(5	BURIAL	FRANCI	10/8/81	0	GATE OF		VEN	250. DATER	SIL	VER S	PRIN	G GISTRA		ONT		MD.
	DHMH - 17 (VR A15 ME (5)) 15M 2/80		รัชซี นทาง	V.BLVD., W	J., SILVE	R SPRIM	IG, MD.	2090		OCT		981	Tare	(Lan	Na	The	Lie.

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3	1	FOR STATE REGISTRAR			PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	F	EG. NO.	271	7 9
e ω €		CE ASED NAME	SCAR	MIDDLE	CIIDI	LAST	20 DATE OF DE			2b HOUR
ay be age 3 death	2.00				SUPI		Octobe			7:00p
offer, p	3 SE	Male	4. RACE Whi	te	De O		6. AGE (IN YEARS		MONTHS DAYS	HOURS MIN.
● 97(M)	1	IRTHPLACE (STATE OR FOR COUNTRY) Germany	USA	N OF WHAT COU	NTRY? 8 MARRI WIDOW	ED NEVER MARRIED C			JNTY OF DEATH	MD
201 Transfer of the control of the c	0	ITY OR TOWN OF DEAT	Mont	gomery	General General	or other institution al Hospital	120 USUAL OCC (TYPE OF WORK FOR Watchm	MOST OF WORK	ING LIFE) 12b. KIND C INDUSTRY Reta	OF BUSINESS OR
AND 213	130	Maryland	G HOME OR OTHER INSTI 3b. COUNTY Montgome	130 CITY O	RTOWN	113d INSIDE CITY LIMITS?	130 SIREEL ADD	RESS almira	Lp.	
MARYL and 2 a		olomon	WIDDLE	Suppe	st r	15. MOTHER'S MAIDEN N (Unknown)	M	DDLE	LA	ST
TIMORE, be execut to grad co		WAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	N U.S. ARMED FORC (IF YES, GIVE WAR OR DAT	(ES)	07 -6708	Lena G. Su	pper 3817	ADDRESS Palmi	ra Ln. Si	lver ring, Mo
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certifical to execute a thin 24 hours a detending physician. When this certificate has been signed by the attending physician and completely tilled in a stiffe burial-transit permit. Then please remove cortain page in made should be filled in the and Mental Hygiene prior to burial, cremation, or emission and stiffe belief in an action of them is shown any injury, an ather traumatic event, the medical administration or extended on them is shown any injury, an ather traumatic event, the medical administration or extended on them is shown any injury, and then traumatic event, the medical administration of the contraction of the c	NO	Conditions, if any, gave rise to stating trule or stating underlying couse	which should be less the less	(0, OR AS A COL	HATE STATE	T NOT RELATED TO THE TER	MINAL DISEASE OI	CONDITION	2 O GIVEN IN PART 1	an an
AI RECOR	CERTIFICATION	190 DATE OF OPERATION			VHICH OPERATION	DN WAS PERFORMED	200 AUTOPS	INC	FYES, WERE FINDI ERTIFYING CAUSES YES [NGS USED S OF DEATH?
SION OF VITA PHYSICIAN: TI andring physici this certificate e burial-transit ad Mental Hygi d arritem 18 sh	MEDICAL CE	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRE	USE OF DEATH HOLE EXAMINER) D 21e PI	ME OF INJURY JR A.M. MONT P.M. ACE OF INJURY ME, STREET, FACTORY, C	H DAY YEAR	216 HOW INJURY OCCU		OF INJURY IN ITE	M 18, PART 1 OR PART 2) COUNTY	
DIVISION OF ATTENDING P he haspital ar atter to DIRECTOR. After that hacked for use as the Dept, at Health and If them 21 is marked	W	WHILE NOT WHILL AT WORK 220.1 certify that (I) (the saw the deceased of the saw the s	his base tall attend	1	from of	and that (in (my) (expression) DEGREE		1/2	. 19.	that (I) (we) last couses stated
TO HOSPITAL TO HOSPITAL TO FUNERAL should be deter with the Stote	22	250 MARICIANIS MAN	M	(pro)	120 1100 05	PHYSICIAN 22e ADDRESS () U PP	Who A	PHYSICIAN [vey his	50835
302 BP		BURIAL, CREMATION, RE SPECIFY) Remova	140	8-81		CEMETERY OR CREMATORY Cown Med. Sch	001 Was	hingto		STATE
DHMH - 16 60M 1/75 (VR A 15 (4))	24. F	uneral director Mettopolita	ny Funeral	Service	s, Alexa	ndria, Va. 250. DA	TE REC'D. BY REGI	TRAR 25b. RE	GISTRARSSIGN	PRE CA

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Gasch's Sons F.H. P.A. Hyattsville, Md.

MIDDLE

DHMH - 16 50M 7/77 (VRA 15 (4))

FOR - STATE

REGISTRAR

1. DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

OLD 1981 THE ATUNDE

REG. NO

20 DATE OF DEATH MONTH

STATE

STATE

2b. HOUR

HOURS

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

Own Home

IF UNDER 1 YEAR

INDUSTRY

Address Same as

20h, IF YES, WERE FINDINGS USED

COUNTY

22c. DATE SIGNED

10-5-81

YES |

IN CERTIFYING CAUSES OF DEATH?

No# 13e.

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	189 3 Maria San 3 70		Livettevil.		

BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 5112 Clinton Road Burgholzer Gerald Synhorst See item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE _19 $_81$ __, and that in (n_y^{\prime}) (aur) apinian death accurred on the date and haur and from the causes stated 22c. DATE SIGNED Oct.16 1981 National Naval Medical Center, Bethesda.Md. Arlington Arlington rance DeMaine Funeral Home Springfield, Va.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

1981

IF UNDER LYEAR

6:35A,

IF UNDER 24 HRS

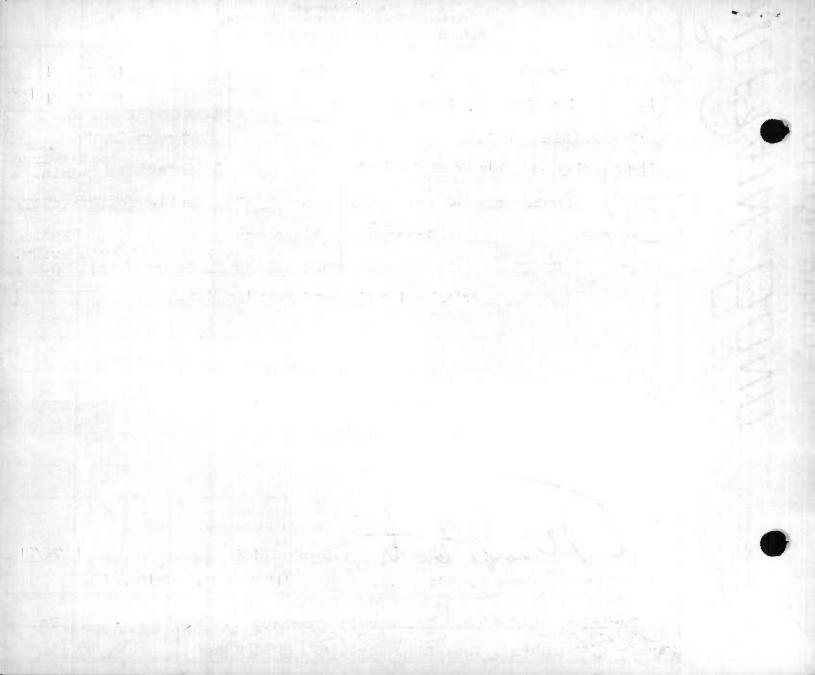
- STATE REGISTRAR

DHMH - 16 50M 1/81

(VRA 15, 4)

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	6	FOR			DEPARTMENT	STATE OF A	ARYLAND AND MENTAL	HYGIENE		7	7	i S	19
× 10	11-	STATE REGISTRAR	60				ERTIFICATE	100		REG. NO.	/	1 0	Ca
1		CEASED NAME	FIRST		MIDDLE		LAST		a. DATE K	NOWN (7)	MONTH	DAY YEA	R 2b. HOUR
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ACTOR	3. SE	4. RAC		5. DATE OF BIRTH	6. AG	E (IN YEARS IF UN	DER 1 YR. IF UNDE	R 24 HRS. 2	c. DATE		нтиом	DAY YE	AR 2d HOUR
	Ma	ile W	hite	Oct. 23	1922 5	9 YRS.	HS DAYS HOURS	MIN' P	RONOUNC	ED	10	25 19 8	11:55 m
· 通知能力		RTHPLACE (STATE OR REIGN COUNTRY)		76. CITIZEN OF W	HAT COUNTRY?	1	ED NEVER MAR	RIED [BALTIMO	RE CITY OR	COUNTY	OF DEATH	
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S ASTERNATION &	9	ilver Spr	ing	Holy (SPITAL, NURSING ACILITY, GIVE STREET AD Cross Hos	spital	er institution	FORM	OST OF WORKS	ATION (TYPE OF NG LIFE) Draria	E	26 KIND OF Odringu Adm	SDrug
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MD. HH. III.	14. F/	THER'S NAME		MIDDLE	LAST	1. 7	15 MOTHER'S MAIL FIRST		MID	DIE		LAST	
ORE, M DEATH. GES 1, M PM AND 2		Raymond			Greek	SXXX	Elizak	beth					ıst
ST., BALTIMORE, MD. 2 COURS AFTER DEATH. IF N.IB. GIVE PAGES 1, 2, 4 G WITH FORM PW 3.1 M.IT. PAGES 1 AND 2 SH M.IT. PAGES 1 AND 2 SH M.IT. PAGES 1 AND 2 SH M.IT. PAGES 1 AND 2 SH	16a. V	/AS DECEASED EVER	(IF YES, GIVE V	MED FORCES? WAR OR DATES)	16b. SOCIAL SE		17. INFORMANT		3700	Kenil	Lwor	th Di	c.Wy.
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ST.,		18 CAUSE OF DEA PART I DEATH V	TH (Enter onload									BETWEEN OF	ATE INTERVAL
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**WITAL RECORDS, 201 W. PRESTON ST. E SHOULD BE EXECUTED WITHIN 24 HOL VORD "PENDING" IN PENCIL IN ITEM 16 E CHIEF MEDICAL EXAMINER ALONG Y BE USED AS B BURIAL-TRANSI FERMI NT OF HEALTH AND MENTAL HYGIFEM, BURIAL, CREMATION, OR REMOVAL.		cause (a) statin lying cause lost		DUE TO, OR	AS A CONSEQUI	NCE OF							
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DIVIS E. THIS CER TE, WRITIN RWARDED E. PAGE 3 SI STATE DEP	¥	AT WORK AT Y	WHILE	STREET, FAC	TORY, FARM, ETC }		TREET		CITY OR TOWN	4	COUN	4TY	STATE
ATE, THATE, VORWING PARESTA			I to all charge	e of the remainedes	eelb o d'indication had	A	sy N Inspecti		[7			
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3025×		ACTUAL SIGNATURE	Ku	Much)	IMI	1	Deputy C	hief	- 41 5 7 4 4 4 4	NED.	DATE	10/2	26/81
SET	1	SIGNATURE				~					SIGNED		
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORWATER DEATH, WITH THE STYRE BEALTIMORE, MARYLAND, 21	and a	EXAMINER'S NAME (TYPE OR PRINT)		Thomas D.	Smith,	M.D.	ADDRESS	Penn	St.	Balto)., M	D.	
DAY DE LA	23a.B	URIAL, CREMATION,	REMOVAL 2	3b. DATE	23c. NAME (OF CEMETERY C		23d. LOC	ATION		COUNT	v	STATE
5/00	(Burrial	0 1	0/28/81	St	Marzi	Cemeter			ming.	COUNT		Pa
DHMH - 17	74. F	UNEBAL DEECTOR	22	ADDRESS	DO	Box	7428 23e. DATE		REGISTRAR	25b. REGIST	RAR'S SIG		
(VR A15 ME (5))	Wa	rner E	Pumpl		nc. Sil			1281	981 2	Lances	Va.	Wast	Die .



		FOR STATE REGISTRAR				CERTIF	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO	2	7 1	8 3
1		CEASED NAME OR PRINT)	JAMES		LLEN	TAY	LOR	October 8,		YEAR	12:55A
1	3. SE	Male	4.	RACE White	e	5. DATE C	e 3, DAY 1961 FAR	6 AGE (IN YEARS LAST BIRTH	YRS.	UNDER I YEAR	HOLE MINE
79	(RTHPLACE (STATE OR FO COUNTRY)	DREIGN 76	USA	WHAT COUNTR	Y? 8. MARRIEI WIDOWE	Never married	9 BALTIMORE CITY OR Montgomer	COUNTYO		-
26	0 C	ry or town of DEA Bethesda		. NAME OF	HOSPITAL, NURS	SING HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Student		126 KIND OF	F BUSINESS OF
79	USU) 13a. S	AL RESIDENCE (IF NURSII	IJE COUNTY		GIVE RESIDENCE BEF		13d. INSIDE CITY LIMITS?	825 Fair Av	enue	3846	
50	4. FA	THER'S NAME FIRST James	Elli	DDLE S	Taylor	r	15. MOTHER'S MAIDEN NA FIRST Betty			Brown	
		(AS DECEASED EVER II	N U.S. ARME (IF YES, GIVE W	AR OR DATES)	166 SOCIAL SE 414-17		Mrs. Liesa	ADDRES	S		me as ove)
2	CERTIFICATION	gave rise to imm couse (a), stating underlying cause PART 2. OTHER SIGN 19a DATE OF OPERATI	IFICANT CO	NDITIONS CO		O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN 20b. IF YES, V IN CERTIFYIN	vere findin	IGS USED
/		21a. ACCIDENT WAS UNDE OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME C HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	YES [1 OR PART 2)	NO []
4	MEDICAL	21d INJURY OCCURRI	D E	21e PLACE		E, FARM, ETC)	21f LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
		22a I certify that # (saw the decease abave, # we) (di 22b. SIGNATURE	this haspital	ottended the october	e deceosed from		DEGREE	to October death occurred on the dat MEDICAL STAFF DIRECTOR PHYSICIA			
		22d. PHYSICIAN'S NA	ME THE ORP		346		220 ADDRESS Natio Clinical Cen	nal Institut ter, Betheso	es of	Health 2020	
		Burial		23b. DATE Oct/10			ee County Me	23d LOCATION CITY OF TOWN	e bur g	Ten	nessee
1		NAME	ABER	s co.	, 8653 C	a. Ave	, SS, Md 209	3 1981	PARCES	SIGNATI	Warthen.

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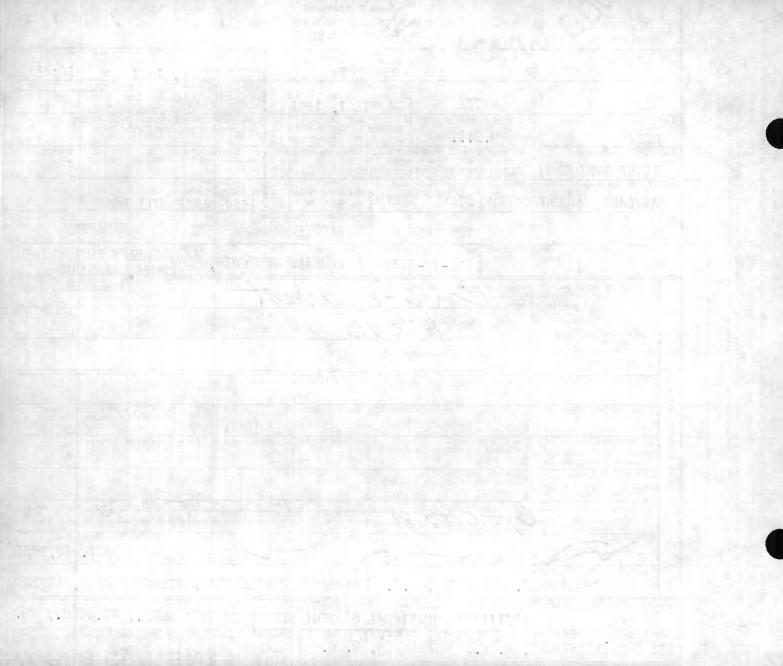
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7	1,	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 8 1 2	7 1 8 4
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	I. DE	CEASED NAME: FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deat deat		Ob		Jaylor	10-22-81	67 M
ge 4 mo noter, p	3, 58	male	1. RACF Negro	5. DATE OF BIRTH MONTH DAY YEAR 9 20 30	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
	/	IRTHPLACE (STATE OR FOREIGN COUNTRY) OUISana	76 CITIZEN OF WHAT COUNTY		9. BALTIMORE CITY OR COUNT	
L W	10. 0	ITY OR TOWN OF DEATH	NOT IN SUCH FACILITY, GIVE ST	SING HOME OR OTHER INSTITUTION REET ADDRESS)	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
11.40		AL RESIDENCE (IF NURS)	OR OTHER INSTITUTION GIVE RESIDENCE BE	ursing Home	RetiredSerge	ant-U.S.Air Ford
in 24 hours y filled in to hould be fill	7 De	STATE	UNTY 13c. CITY OR TO Washi	OWN, 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	n St. S.E.
4 42 40	, 14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	
1 1 E	/	Lee	Andrews Tayl	or Burtha	WIDDLE	Ivory
1 8 9	16a '	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE		ADDRESS	
and do	3	VFS INCHOWN (FYES.C	- 63 439-12	-2333	man (man) Se	me as # 13
ALT the by					Taylor(Wife) Sa	APPROXIMATE INTERVAL BE) WEEN ONSET AND DEATH
a fice			anly ane cause per line far (a), (b), SED BY: ATE CAUSE (a) Carcin	oma of Espohagu		8/6/01-16/22/8
S S S S S S S S S S S S S S S S S S S		IMMEDI	ATE CAUSE (a) CONTIN	omac or esophague		016181-12218
01 de po de		1307	DUE TO, OR AS A CONSE	DUENCE OF		
troy		Canditians, if any, which gove rise to immediate	(b)			
# # # # # # # # # # # # # # # # # # #		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	DUENCE OF		
d by			(c)			
2 P P P P P P P P P P P P P P P P P P P	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	CERTIFICATION	IA DATE OF ODERATION	Lat. CO. IDITION FOR VIII		The state of the s	FC AMERICAN AND AND AND AND AND AND AND AND AND A
low low	2	190. DATE OF OPERATION	196. CONDITION FOR WH	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
4 4 4 4 6 6 W	4 2					res NO
2 2 2 2 2 2 2 2 C	1	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2}
NG PHYSICU other this certification to the buriellith one Mental	13	(IF EITHER NOTIFY MEDICAL EXAMIN	CAIN .	19		
F F F F F F	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
04 24 6	18	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	E. FARM, ETC.)	CHT OK TO THE	3,412
200 年前			attended the deceased fra	m 8-6 19.81	to 10-22	19 81 , that (1) (-) last
- 15 S	1	saw the deceased alimits	0 10-22 19	Q1	death accurred an the date and ha	, (., (
A F W Tall	1	abave, (I) (we) (did) (ew the bady after death	DEGREE		22c. DATE SIGNED
0 1 0 0 0 1		MA	neb.	ATTENDING	MEDICAL STAFF	10-22-81
Py P	-	104 DHYSICIANIS NIAMS ITH	royeur	PHYSICIAN [DIRECTOR PHYSICIAN	2000-
HOSPITA FUNERA July be de July be de July be de		DO AN VID	(CK PRINT)	-3319- CUAN	FIFIE RD. WHERT	TON 40. 2902
1 0 0 4 5 T		INN. MINO	N KENKIN	SHOUL	THE TO WINTE	
252	23a.	BURIAL, CREMATION, REMOVA	AL 23b. DATE 2	R NAME OF CEMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN FIRST RD, WHERT 23d LOCATION CITYOR TOWN	COUNTY STATE
BP	10	remation	10-24-1981	Lee's Crematory	Washington.D.	C.
DHMH-16 30M 2/80		UNERAL DIRECTOR		25a. PA	FECD. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	J.	Wm.Lee's Sons	Co. 300-4th St.,	NE, Wash., DC20002 Ut	127 1981 Dane	Wa W.t.

and the contract of the contra Cremet on 16-21-1000 les's Cremeton -achimicon.D.J. J. Ym. Iae'r Soco Co. 300-win St., We, ash., 032,002 991 27 288 (J. France)

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	'	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	٥.		
		CEASED NAME Lythe	er M	, MTH	IOMPS ON	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR 1245 M
	3 SE	X	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	19	Male	White	Nov.	1, 1906	74	YRS.		
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	IAT COUNTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	TOPE
2		Maryland	USA	WIDOWE	D DIVORCED		omery	3.00	MD.
0	G	aithersburg	Wilson	SPITAL, NURSING HOME O ACILITY, GIVE STREET ADDRESS) IN Health Ca		(TYPE OF WORK FOR MOST OR Ret. Float	F WORKING LIFE)		F BUSINESS OR
4	13a. S	AL RESIDENCE (IF NURSING HOMI STATE 13b. CC Laryland Mo		COTTY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4 Maryla	and Av	enue	
-	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	MIDDLE		LAST	
6			s Thompso		Ella	N.		ompso	
		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES!	SOCIAL SECURITY NO.	17. INFORMANT	ADDRE			
		No		579-01-8391	. Louise Th	nompson	I		L3
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMMED Conditions, if ony, which gave rise to immediate	ISED BY: IATE CAUSE (o)	S A CONSEQUENCE OF	and of 8h			BETWEENC	MATE INTERVAL INSET AND DEATH
	7	couse (o), stoting the underlying couse lost.	(c)	S A CONSEQUENCE OF	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(o)1
	10	Gart	undowin	H13.P.				1000 500	
2	CERTIFICATION	19a DATE OF OPERATION	OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFO			YES NO	IN CERTIFYII YES		
7		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.M.		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	4. 1	0.1	d that in (my) (our) opinion of	deoth occurred on the de	ote and hour a		that (I) (we) last couses stated
		226. SIGNATURE	42	0	ATTENDING ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE :	SIGNED 12/87
1		22d. PHYSICIAN'S NAME IN	6/		22e. ADDRESS		Teen en	/	
1		Stephen N	Fones		809 Veirs	Mill Rd.,	Rockv	ville,	, Md.
	23a. 8	BURIAL, CREMATION, REMOV	23b. DATE 10/15/		EMETERY OR CREMATORY TOWN Cemeter	23d. LOCATION CITY OR TOWN TY Hyatts	town.	Monto	state Md.

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detoched for use os the burial-tronsit permit. Then please remove corl with the State Dept of Health and Mental Hygiene prior to burial, cremation, or

IMPORTANT: If Item 21 is morked or Item 18 shows ony

24 FUNERAL DIRECTOR
Olin L. Molesworth, P.A., Damascus, Md Hyattstown, Montg. BY REGISTRAR 256. DEDISTRAR SIGNATURE

ter THE STATE OF THE STATE Togolfor animal ... in the control of the control of the process to be The manual land is the first to the control of the state manipudte it alle molecular and public to the Bys-11-2591 Lingles University - 4 Dem 13 appeal . I mangers . W. allivence, . of fitt weist till Co. Lurial . Howard the Casester Days the Large 19 Casester Days and Lurian . March 19 Casester Days and L AM Communication of the second second second

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			4		
. 4	ne aktier tre	person No.		C Kill	

(N		
ours ofter death. Page 4 may b	in by the funeral director, page 3 of filed within 72 hours after death	be notified above.

medical examiner must be

injury, ar other traumatic event, the

MPORTANT: If Item 21 is marked ar Item 18 shaws any

campletely f

ding physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

retained by the haspital ar attending physicia

STATE OF MARYLAND

П	1 -	REGISTRAR					ICATE OF DEATH	REG.	NO.		
		CEASED NAME	FIRST	٨	AIDDLE	L	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(TIPE	OR PRINT[Janie	Kin	ng	Th	rift	Octo	ber 2	2. 1981	1:50 AM
1	3 SEX	x		4 RACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
	F	emale		Caucasi	an	Marc		80	YRS.	MONTHS DAYS	HOURS MIN
3		RTHPLACE (STATE COUNTRY) Virginia		USA	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY Montgome			MD.
0	Ro	TY OR TOWN OF D		(IF NOT IN SUCI	HOSPITAL, NURSIN H FACILITY, GIVE STREET / ZSWOOD NU	ADDRESS)	Center Center	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS' Ret.Child	OF WORKING L	IFE) INDUSTRY	C. Gov.
5	130 S	at residence (if no state aryland	Georg		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Riverdal	N	13d. INSIDE CITY LIMITS? YES 🔣 NO 🗌	13e STREET ADDRESS 5907 66th		1e	
0		THER'S NAME FIRST John		MIDDLE Ienry	King		15. MOTHER'S MAIDEN NA FIRST LOU	MIDDLE		Withe	
2		VAS DECEASED EV (ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	577-20-8		Allen B. The	add rift, Jr.,_	FESS 5907 Rive	66th Av	e id.
		Conditions, if of gove rise to couse (a), steunderlying co	I WAS CAUSE IMMEDIA inny, which immediate ating the	DUE TO, OF	AS A CONSEQUE	NCE OF	ovary			BETWEEN	IMATE INTERVAL ONSET AND DEATH
	LION						NOT RELATED TO THE TERM				
7	CERTIFICATION	19a DATE OF OPE	RATION			OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERT	ES, WERE FIND IT IFYING CAUSES (ES]	
7		21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY ME	CAUSE OF DE	ATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18,	, PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCI WHILE NO AT WORK AT	URRED T WHILE WORK	21e. PLACE C (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
		220.1 certify that saw the dece above, (1) (we	osed olive on	0120	19_19_	9/2	nd that in (my) (our) opinion	death occurred on the	date and ha	, , ,	

23a BURIAL, CREMATION, REMOVAL

Burial

Jones-Ash

231. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS 2309 -

23d. LOCATION CITY OR TOWN

MEDICAL STAFF

STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

Funeral

23b. DATE

ADDRESS P.O. Box 276 Heathsville, VA.

Totuskey

Bapt.Cemetery

Haynesville . Richmond . VA

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20. DATE OF DEATH TYPE OR PRINTS ARIE GENEVIEVE 16 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOUR5 1893 70 BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WASIT Mont somes WIDOWED DIVORCED 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Bethe Sch A I+OUSE WIFE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? BETHESDA MOIUT 6-OMERY 7604 Arrowood NO [FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE THOMAS FITZGERALD BUCKLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) SAME AS 13 NO JEAN T. ROCHE 220-40-7281 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OAAS A CONSEQUENCE OF EROTIC VASCULAR DISEASE Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CONGESTIVE CERTIFICATION FAILURE 19 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC. NOT WHILE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

01

sow the deceosed olive on obove, [1] (we) (did) (did not) view the body ofter death

220.1 certify that (I) (this hospital) allended the deceased from.

ATTENDING 22e. ADDRESS

STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

230. BURIAL, CREMATION, REMOVAL

23b. DATE

500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

23¢ NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY

DEGREE

CITY OR TOWN

INNERSITY BLUD EAST SILEN SPRING MA STATE

(SPECIFY) BURIAL

10/9/81 FRANCIS J. COLLINS 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

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PRIVATE BEFORESTE TREETS MARKET BETTER THE RESIDENCE OF THE PARTY OF CHICAGO CONFORTING MARKET SERVING The the same of th

18	1.	FOR - STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIENE 8	2 7	Prince of the Control	9 4
		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY		HOUR
2 P P		Ruth	Н	Tre	sselt		10 31	81	1:10ax
a office a mo	3. SE	× bemale	4. RACE Caucasian	S DATE C		6. AGE IN YEARS LAST B	RTHDAY) IF UNDER MONTHS YRS.		OURS MIN.
100		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	JNTRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH	
MAIN YOU	Vi	rginia	U.S.A.	WIDOWE	D DIVORCED	Managras	mery		MD.
108	Sa	ilver Spring	Holy Choss	Hospita	R OTHER INSTITUTION	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUS		KIND OF BUSTRY	USINESS OR
etely filled in \$2 should be Aminer must be	13a :	THER'S NAME	tgomery Ro	CR TOWN CRVILLE	13d. INSIDE CITY LIMITS YES XX NO 15. MOTHER'S MAIDEN	? 13e. STREET ADDRESS	Judith Sa	treet	
2 10/101		William	P. Harnly		Ruth		Foren	nan	
a seg pa			E WAR OR DATES)	AL SECURITY NO.	17. INFORMANT	ADDR		12	
4 100 m	-	NO 18 CAUSE OF DEATH (Enter on		-10-1870	Kobert C	. Tresselt	Same as	APPROXIMAT	HUS BAND E INTERVAL ET AND DE ATH
ires that the death gned by the attendi n please remove cal burial, cremation, a		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CO	N C H () I		ERMINAL DISEASE OR COM			les .
in. in. has been sin permit The permit The sine prior to	CERTIFICATION	19a date of operation	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	AUSES OF	
SICIAN: The partition of physicial certificate certificate entol Hygie entol Hygie ltem 18 sho		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE A	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF IN)			10 []
G PHYS); attending er this ce the buri	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY		21f. LOCATION STREET	CITY OR I	Own COL	UNIY	STATE
ATTENDIN spital ar (CTOR: Aft for use as of Health		22a. I certify that (I) (*hashaspit saw the deceased alive on abave, (I) (*ver (did) (did no	OCT. TI	10 8-1	d that in (my) (on ppin	79, ta OCT ion death accurred an the c	3/ 19 8 date and haur and fr		t (1) (we) last
AL OR ATT y the haspi AL DIRECT detached for ote Dept. of		22h SIGNATURE	enert bo	El, us	DEGREE ATTENDING PHYSICIAN	G MEDICAL STA	FF	0 DATE SIG	NED / /8/
O HOSPIT, tained by O FUNER, hould be d		G. Lennard			22e ADDRESS Silver S	pring. Maryl	and		
302	23a I	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATO	RY 23d LOCATION	COUNT		STATE
BP	24 51	Burial	11/3/81	Gate	of Heaven	Silver S	pring 1	Mont	Md.
DHMH - 16 50M 1/81 (VRA 15, 4)	24.1	JNERAL DIRECTOFrancis 500 Univ. Blvd.,	J. Collins	DDRESS	20001 N	OV 3 1981	Name Car	alles!	The
	-	JUU UNICO. BLUA.,	w., succes sp	rury, Mu.	20701		Ug		-

14 51 41 14 180 Silver Bering 18th Comments

ATTENDING PHYSICIAN: The low attending physician page 3

should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

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	STATE	OF M	ARYL	AND
PARTMENT	COF HE	ALTH	AND	MENTA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 DE	ECEASED NAME FIRST		AIDDLE	IASI	ATE OF DEA		In page	REG. NO				
	PE OR PRINTS	. 1	AIDULE				20. DATE O	DEATH	HINOM		YEAR	26. HOU
	ma		_		ucker				oct.	4.	81	2
3. SE	X _	4. RACE		5. DATE OF		YEAR	6. AGE IN	EARS LAST BIRT	HDAY)	IF UNDER		IF UNDER
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	PART I. DEATH WAS CAUS		PATHO	mo.	Cant	10 U	ra				1 m	10
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DHMH-1650M1/81 (VRA 15, 4)

BP

Burial

Cemetery Et.Lincoln

24 FUNERAL DIRECTOR
Hines/Rinaldi F.H.11800 ESSN.H.Ave.S.S.Md. 198

X	1	FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MEN		27197
0	1	- STATE REGISTRAR	7 H A	CERTIFICATE OF DEA).
6 WE		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
o de de	3. SE	Dougla	1. RACE	15 DATE OF BIRTH	10-10-	10,/-/-
e 4 mg M	3. SE	MALE	WHITE	MONTH DAY	6 AGE LIN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
Pogo H	7a. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTE		9 BALTIMORE CITY OF	R COUNTY OF DEATH
deoth		VEW YORK	U.S.A.	WIDOWED DIVOR	CED DINONTG	OMERY MD.
offer die		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STE		(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
2120) hours of in the line of	USU	LVER SPRING AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BE			SCHOOL
AND 24 h	130.	M D 13b. COUR		SPRING YES NO		ER LANE
withir withing a 2 sh	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MA		LAST
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BALTIMORE.			(E WAR OR DATES)		ADDRE	30 LITTLE PLAINS KOAD
ALTIII te be sicion pers. F			IONE 125-48		NATIL RYNGRAL HOM	DE SOUTHAMPTON, L.I., N.Y. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Tt., B.		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0) HUA 9.	KINS DISE	ase 9 yrs	BETWEEN ONSET AND DEATH
ON S nding carbo carbo		2019	DUE TO, OR AS A CONSEC	DUENCE OF	11	
PRESTON he death or emove carlin mation, ar r traumatic		Conditions, if any, which gove rise to immediate	(b)			
W. or the		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF		
20 res the res		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR COND	DITION GIVEN IN PART 110
RECORDS,	TION	A DAYS OF COST AND A				
	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORME	D 200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
VITA N: Th nysicio cote consit Hygie	CERT	21a. ACCIDENT WAS UNDERLYING	1100.00 0 11 110.001000	21c HOW INJURY	OCCURRED (ENTER NATURE OF INJUR	YES NO NO YIN ITEM 18 PART 1 OR PART 2)
NOF VII. SICIAN: T ng physici certificate urial-transi frem 18 sh	CAL	OR CONTRIBUTING CAUSE OF DEA		19		
PHY tending he bind he	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E, FARM ETC.) 211. LOCATION STREET	CITY OR TOW	VN COUNTY STATE
DING or of After se os t oolth o		AT WORK AT WORK	tal) attended the deceased from	DEC 19 19	9.79 to Oct./0	19_37 that (I) (we) last
TTEN pital TOR: for us of He		sow the deceased alive on	oct. 9 19	31		te and hour and from the causes stated
OR A DIRECTOR A DIRECTOR OF The Management of th		The SIGNATURE	I view me body offer deom.	DEGREE		22c DATE SIGNED
		Mentout & Ca	jui	PHYS	NDING MEDICAL STAF	AN D
TO HOSPITAL TO FUNERAL should be den with the Stote		22d PHYSICIAN'S NAME (TYPE O	J. BLPERT	M.D 22e. ADDRESS	9630 FENTO,	NG, MD 20910
TO HO	23a. 8	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREM		104, MU 20110
250BP		SPECIFY) BURIAL		SACRED HEART CEN	CITY OR TOWN	SUFFOLK COLLI, NEW YORK
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FI	JNERAL DIRECTOR	ADDRES		250. DATE REC'D. BY REGISTRAS	
(VIM 13, 4)	C	TAMBERS FUNERA	e HOME RIVER	DALE, MARYUND	DCT 7 2 1381	9

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(SEAS AGEN) The state of the s 20 1801 8 TOO The small law of the last of the state of the last o

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- STATE REGISTRAR I. DECEASED NAME

LIVE OF PRINTS

3. SEX

CERTIFICATION

MEDICAL

morked or Item 18

MPORTANT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.				
1	20. DATE OF DEATH MONTH	DAY	YEAR	2b HOU	R
	10/14	1/8	/	4	9pm
-	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	85 YRS.	MONTHS	DAYS	HOURS	MIN.
1	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
	MONTGOMEN	24	00		MD
1	120 USUAL OCCUPATION		KIND O	F BUSINE	SS OR

	8. MARRIED NEVER MARRIED	
į	WIDOWED DIVORCED	
ζ	G HOME OR OTHER INSTITUTION	Г

MIDDLE

UAL RESIDENCE (IF	NURSING H	ME OR OTHER IN	STITUTION
I. STATE	13b	COUNTY	
MARYLA	1/11	M. art	9
MAD MAR	LUL	MOIXIG	
FATHER'S NAME			
FIRST		MIDDLE	

TRANCIS

ESTELLE

4. RACE

(IF YES, GIVE WAR OR DATES)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

NAME OF HOSPITAL NURSIN

ADDRESS

18 CAUSE OF DEATH (Enter only	one couse per fine for (a), (b), and (c)	G = 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PART I. DEATH WAS CAUSED	CAUSE (0) CATCINOME OF	Colon	1 yezr
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF		ladder / year
gove rise to immediate couse to, stating the underlying couse last.	DUE TO, ORASA CONSOUENCE OF	//	3 mo

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

10h CONDITION FOR WHICH OPERATION WAS DEPENDENTED

THE BATE OF GLERATION	The Column of the Which of Ekarl			IN CERTIFYING CAUSES OF DEATH		
			YES 🗌	NO	YES	NO 🗌
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 19		D (ENTERN	ature of injur	RY IN ITEM 18 PART I OR PA	LRT 2)
21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		CITY OR LO	COUR	UTV CTATE

1d. INJURY OCCURRED	21e. PLACE OF INJURY
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

170 GPC 51 571 100	A		
above, (Lifwe) (did) (did nes) view the body of	ofter death.		
220.1 certify that (I) (this bospiter) attended the saw the deceased alive on above, (Li (we) (did) (did see) view the body of	19.5/ ond that i	n (my) (aux) opinion death occurred on t	he date and hour and from the causes stated
	21/		, 17 day (1) (day 103)
220.1 certify that (I) (this bosoited) attended the	deceased from > 14/V /5	10 8/ to ()(T	10 77 that ill (wa) last

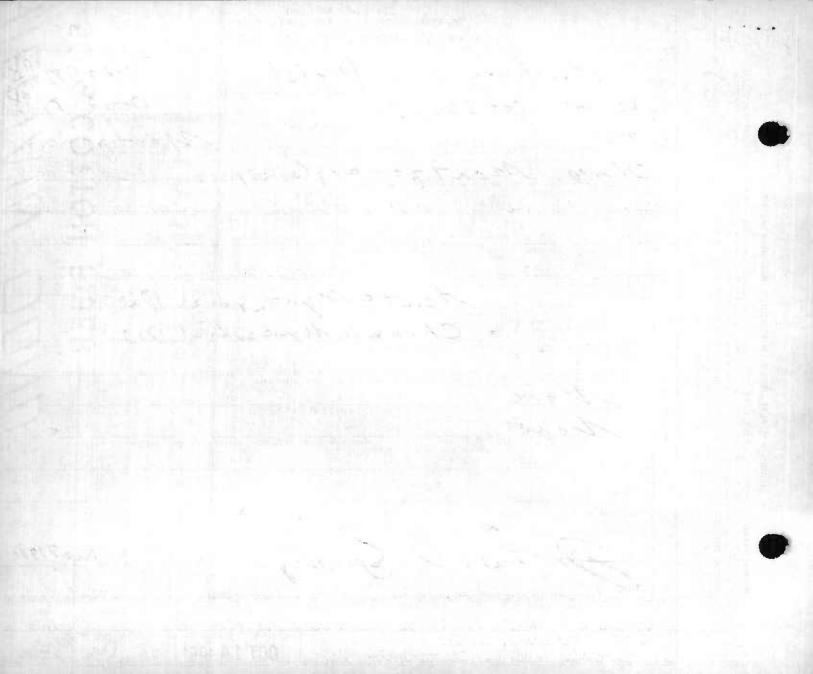
Raymond Dradshaw.	M.D.
HYSICIAN'S NAME (TYPE OR PRINT)	11

(VRA 15, 4)

DHMH - 16 50M 1/B1

MERHANI LOSSA CONTRACTOR OF THE SECOND PHORYLAND PLANTS, ASSESSED & TO SACIAL EXPLANACE Transis Newscar Reference Sturings Same CHEROLOGIC STREET, AND THE STREET, STR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED RICHARD SEX 4. RACE 6. AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD 7a. BIRTHPLACE CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED - NEVER MARRIED FOREIGN COUNTRY New York WIDOWED DIVORCED ome CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 RETAIN PAGE 5. U.S.D. ASA BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 MILL, CREMATION, OR REMOVAL. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE) OR INDUSTR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Georgetown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE OF FORE ADMISSION) 13b. COUNTY 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Mantaameri Rockville NO 1409 Cherry Valley 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST Walsh atherine Mullon 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 089-12-9459 VOS $\omega\omega \tau \tau$ same as 13 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULI EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED TO FERRAL DIRECTOR: PAGE 3 SHOULD BE USED BATTER DEATH, WITH THE STATE DEPARTMENT OF HIE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES TO NO [21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) DATE SIGNATI MEDICAL EXAMINER EXAMINER'S NAME Sominary Road ADDRESS 1919 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE 12.1981 | Metropolitan Crematory Cromation 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR Francis J. Collins 25b. REGISTRAP'S SIGNA **DHMH-17** (VR A15 ME (5)) 500 University Blvd. W. Silver Spring 15M 2/80



DHMH - 16 50M 1/BI (VRA 15, 4)

- STATE

(TYPE OR PRINT)

REGISTRAR 1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2ª DATE OF DEATH MONTH

7b HOUR

126. KIND OF BUSINESS OR

Cherry

COUNTY

22c. DATE SIGNED

29 0 Rober 81

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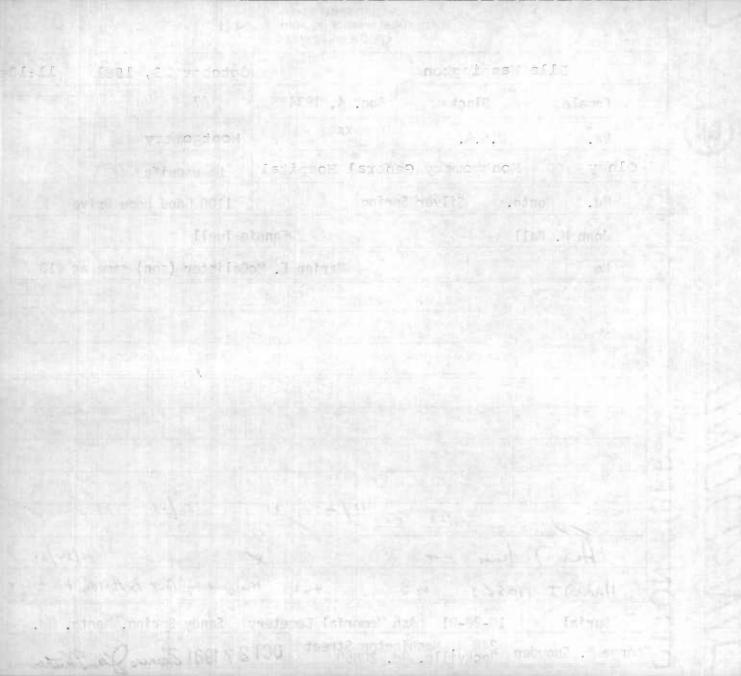
STATE

WHEATON APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER I YEAR

Burial Arlington Nat'l. demetery, Arlington, P.O. BOX 7428 250 DATE REC'D. BY REGISTRAR 256. REGIST 74 FUNERAL DIRECTO

Sil. Spr., Md. NO E. Pumphrey, Inc.



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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
1. DECEASED NAME FIRST (TYPE OR PRINT)	- 5	MIDDLE WA	TKi	NS	2a. DATE OF DEATH	BER2	DAY YEAR 4 1981	26 HOUR 2:50
3. SEX Male	4. RACE White		5. DATE O		6. AGE IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR	R IF UNDER 24 HRS HOURS MIN.
Ja. BIRTHPLACE STATE OF FOREIGN COUNTRY) Cedar Grove, Md.	76. CITIZEN OF	WHAT COUNTRY?	8	D MEVER MARRIED	MUNT QUHE	R COUNT	County	, ,
10 CITY OR TOWN OF DEATH Kensington	LENS!	MITON GAT	RUENS	11	12a USUAL OCCUPAT LIYPE OF WORK FOR MOST C Ret. Carpe	of working	126. KINO (INDUSTRY Priva	OF BUSINESS OF
		13c. CITY OR TOWN	4		13e. STREET ADDRESS 10203 Bieb	er P	1.	
John Oliver Thom	as Watki	ns LAST		Evie Lee Ki			LA	.57
	ARMED FORCES? GIVE WAR OR DATES) ONE	577-18-3		Bettie Lee B	Silver Staker-daught			0901 eber Pl.
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PART 2 OTHER SIGNIFICANT	CAD	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITIONG	IVEN IN PART 1	a
ASCVO, CAO 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPI N me 210. ACCIDENT WAS UNDERLYING NO 216. TIME OF INJURY					206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\subseteq \text{NO } \(\subseteq \text{L} \)			
OR CONTRACTOR OF CHICK OF O	EATH HOUR A.	FINJURY M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART (OR PART 2)	
OR CONTINEUTING CAUSE OF E	21e. PLACE (AT HOME, ST	OF INJURY REET FACTORY, OFFICE FA	RM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
220.1 certify that (I) this has sow the deceased alive a abave, (I) two teletrolaids	7-35-	81 10	1-J1	nd that in (my) (my) apinian o	to to death occurred an the de			that (1) (re) last couses stated
226 SIGNATURE BBRt		ero		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF		SIGNED 0-4-81
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	MO		22e ADDRESS 9001	Colesville R	300	10	17 fp 19

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: If Ite

236. BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation

10-5-81

Lee's Crematory

Washington, D.C. 20002

Lee Funeral Home 300-4th St.N.E. Wash.D.C. 2000 CT 5

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STATE OF MARYLAND - STATE CERTIFICATE OF DEATH REGISTRAR

DECEASED NAME

CERTIFICATION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO 2n DATE OF DEATH

Agnes

DAY	YEAR	2b. HOUR
1981		2:25A

Fielding

ADDRESSPatuxent River, Md.

	(TYPE OR PRINT) William	n Elliott	WHITTLE	October 12 19	981	2:25A M		
	3. SEX	4 RACE	5. DATE OF BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS		
	Male	Caucasian	"Jan. 15 1935"	46 YRS.	ONTHS DAYS	HOURS MIN.		
	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
1	Illinois	USA	WIDOWED DIVORCED	Montgomery		MD		
7	Bethesda	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, National Naval	G HOME OR OTHER INSTITUTION ADDRESS) Medical Contor	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE U.S. Army		F BUSINESS OR		
S	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 600 Americana I)rive			
1	14 FATHER'S NAME FIRST Elliott	Charles Whitt	15 MOTHER'S MAIDEN NA/ PERST	ME MIDDLE Agnes	Fiel	ding		

Yes	1956-76	328	28 6700	Mrs.	Barbara	W.	White	920A	Shepard	Terrace
DARTI DEATH W	H (Enter only one couse po AS CAUSED BY: IMMEDIATE CAUSE (o)			ailure	e				APPRO BETWEEN	XIMATE INTERVAL ONSET AND DEATH
Conditions, if ony,	which ((b)		NSEOUENCE OF Atic Fail	ure		8				
gove rise to imm couse (o), stoting underlying couse	g the DUE TO	OR AS A COM	NSEOUENCE OF							

17 INFORMANT

166 SOCIAL SECURITY NO

19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES NO [21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

P.M 21d. IN JURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 STREET NOT WHILE

DIRECTOR PHYSICIAN

CITY OR TOWN

22a. I certify that (1) (this hospital) attended the deceased from 1 and that in m() (our) opinion death occurred on the date and hour and from the causes stated sow the deceosed olive obove, (1) (we) (did) (did DEGREE 22c. DATE SIGNED MD

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Michael Moore Van Ness, M.D. 22e ADDRESS

ATTENDING

PHYSICIAN |

14 OCT 81

National Naval Medical Center, Bethesda, Md. 230 BURIAL, CREMATION, REMOVAL 23b. DAJE

John M. Taylor Funeral Home, Annapolis, Md.

COUNTY

DHMH-16 50M 1/B1 (VRA 15, 4)

mind the contract to the state for the state of the state of the state of the state of Business to the first the state of the second the state of the state o

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH 2b. HOUR TYPE OR PRINTS 2:00A Florence J. WILKINSON October 1981 4 RACE 3 SEX 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Female Caucasian June 29 1920 In BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED South Dakota USA Montgomery WIDOWED 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR National Naval Medical Center TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Bethesda Housewife SUAL RESIDENCE HE NURSING 13CCITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland St.Mary's Ridge Box 166 Fresh Pond Neck Rd. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Russell Mullen Medlar Everton Viola Freese 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT No Wilkinson See item 13 Joseph 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ADENOCARCINOMA OF THE PANCREAS, STATUS POST WHIPPLE RESECTION; COMPLICATED BY ADULT RESPIRATORY DISTRESS gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NOF YES X NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY NOT WHILE Sept. 24 10 81 Oct 220.1 certify that 1) (this haspital) attended the deceased from_ Oct. 81 sow the deceased alive on and that in (ny) (our) opinion death occurred on the date and hour and from the causes stated view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN Oct. 9.1981 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ith the National Naval Medical Center, Bethesda, Md. M. DAVIS, M.D. 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation 10-10-81 Lee Creamatory Wash. D.C. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 Brinsfield Funeral Home Leonardtown, Md. (VRA 15. 4)

STATE OF MARYLAND

Cramarion 16-06-1 | Lee Cromatory Brindleld June of Long Hose Leaden Md. may be

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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la	-	64		1

	1.	STATE REGISTRAR	DEPART		ICATE OF DEATH	REG. N	(O.		
		CEASED NAME FIRST	WIDDLE	L/	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	LA		(WHARTON) WI	LLIAM	S	OCT 14,3	1981		1029 A
	3 SE	X	4 RACE	S. DATE O	FBIRTH	6. AGE (IN YEARS LAST BE		IF UNDER TYEAR	IF UNDER 24 HRS
	Fe	male	CAUC	DEC		65	YRS.	MONTHS DAYS	HOURS MIN.
ď	7a. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	■ NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
뚜		NSAS	USA	WIDOWE		MONTGOMI	ERY		MD
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
1	_	THESDA	National Nava	al Me	dical Cente	er Housew		LIFE) INDUSTRY	
1	13a. S	TATE 136 COUN			13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			11
	M		tgomery Silver	Spr	YES NO		dson	Rd	
	14 FA	THER'S NAME FIRST	MIDDLE LAST	6519	15. MOTHER'S MAIDEN NA	MIDDLE		LAS	1
\mathcal{L}	J	esse R. WHART	ON	COL	Clara RISE	ER			
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRI	SS		
	NO			1193	11811 Juds	on Rd Sil	ver	Spring	MD
			ly one cause per line for (a), (b), an	d (c)				BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUSE	D BY. TE CAUSE (a) Massive	Myoc	ardial Infa	arction			
		4100	DUE TO, OR AS A CONSEQUE						
		Conditions, if any, which	(b)						
	13	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENICE OF			135		
		underlying couse last.	(c)	ince of					
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	11					YES TO NOT		IFYING CAUSES	OF DEATH?
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1	AL	OR CONTRIBUTING CAUSE OF DEA		AY YEAR					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION				
	×	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR IC	WN	COUNTY	STATE
			tal) attended the deceased from \$\(\)		9 19 81		1	19 81	that (IV(we) last
		sow the deceased alive an above, (IV) we) (did) (and Va	Oct 14 19 19	<u>81,</u> and	d that in my) (aur) apinion	death accurred on the d	ate and ha	our and from the	couses stated
		22b. SIGNATURE	Al Cody orier deam.	C	DEGREE			22c DATE	SIGNED

ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS Bethesda, MD Naval Medical Center

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

231. NAME OF CEMETERY OR CREMATORY Union Cemetery

Dickson Dickson Tepp

OCT.17.1981 Union Cemetery

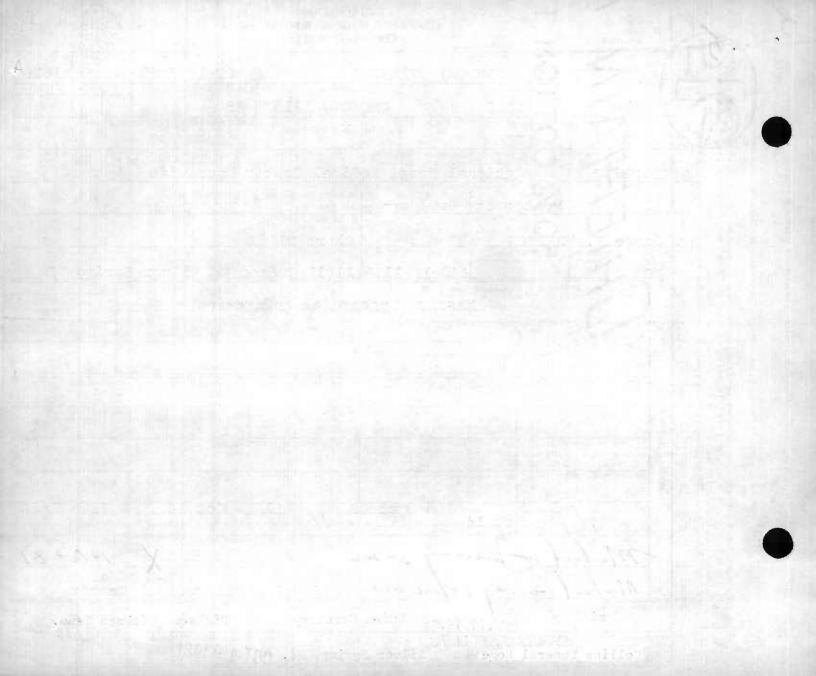
24 FUNERAL DIRECTOR FRANCIS J. COLLINS
NAME
500 UNIVERSITY BLVD., W. Silver Spring, Md.

9 1981

National

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: If Hem 21 is marked ar Item 18 shaws any



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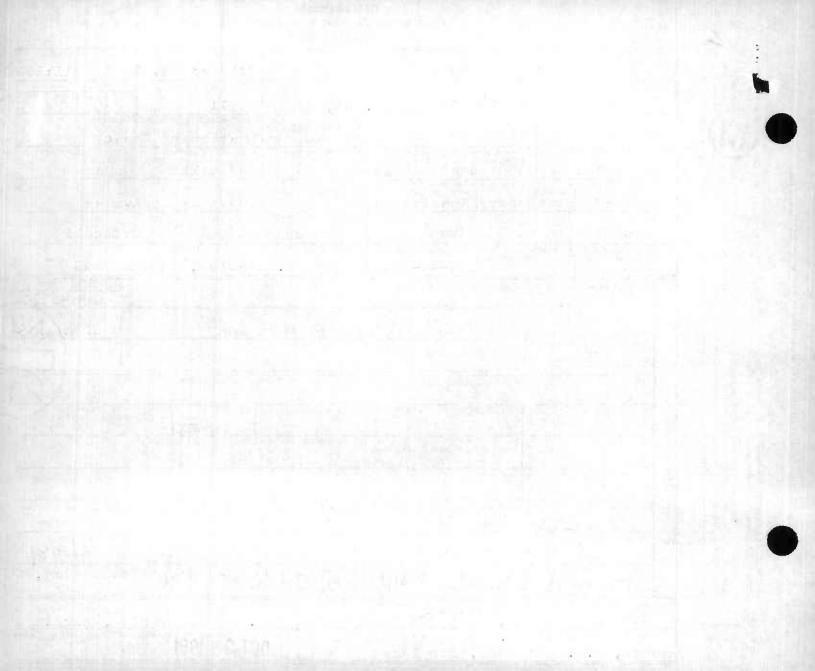
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of once	-	IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIE		Montgome	ry	MD.
7 Indiffed	Be	thesda	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET SUBUY BA)	J HO	spital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Printing	WORKING LIFE) INDUST	DOF BUSINESS OR RY Retired ing
Se mest b	13a. S	Md. Monto	other institution give residence befor ITY 13c. CITY OR TOW Somery Sil. St	/N	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 12221 Con:	necticut	Avenue
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ne medico		WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		Mary S. W.		r Spring,	Md. ROXIMATE INTERVAL EN ONSET AND DEATH
injury, ar ather traumatic eve	ION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF	Levis my	ik oracled my	futon IITION GIVEN IN PART	lio
d d d	CERTIFICATION	190 DATE OF OPERATION	. 196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [DINGS USED SES OF DEATH?
dor Hem 18 st	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	TH HOUR A.M. MONTH D.	19	216 HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR		
MPORTANT: If Item 21 is marked	W	WHIE NOT WHIE 21 WORK 21 WORK 220.1 certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did not 22b. SETIATURE 22d. PHYSICIAN'S NAME (TIPE O	al) attended the deceased from 19	1004	nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	Det be	129, 198/ te and hour and from t	that (1) (we) last
/81	24 FU	Burial, CREMATION, REMOVAL (SPECIFY) Burial UNERAL DIRECTOR NAME arner E. Pump	11/2/8/1 G	ate c	11125 Roci EMETERY OR CREMATORY of Heaven Cox 7428 or., Md.	CITY OR TOWN	ilver Spr	state state Md. State Matthew

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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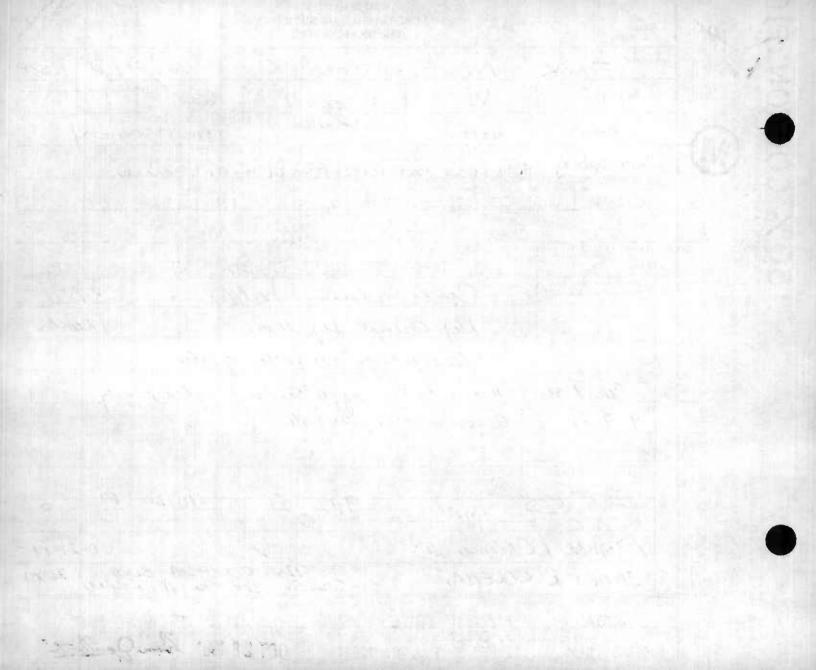
1	FOR STATE REGISTRAR			DEPAR		HEALTH AND MENTAL HY	GIENE 8	2	7 2	1 5
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(TV	PE OR PRINTI	Ralp	h	J.	W	inter		10 -15	5 - 81	11 1500
3. S	SEX		4 RACE			OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER TYEAR	
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7a.	BIRTHPLACE (STATE O	OR FOREIGN		WHAT COUNTRY	? 8		9. BALTIMORE CITY	OR COUNTY	OFDEATH	
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186	ashington con or to	EATH		HOSPITAL, NURS		OR OTHER INSTITUTION	Monto	TION	126 KIND C	MD DEBUGINESS OR
V.				CH FACILITY, GIVE STREE			TYPE OF WORK FOR MOST	OF WORKING LIF		REFIES P.
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1 22	STATE	13b COUN		13c. CITY OR TO	WN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	TATHERS NAME	Mont	gomery	IKensing	ton	YES NO	14120 Mits	cher C	ourt	
1	PRINCE S PRAME		нроц	1(4)(IS MOTHER'S MAIDEN NA	WEDLY		LAS	i .
1	Henry			Winter	100	Julia			Lunc	h
100.	WAS DECEASED EVE		WAN DROADED	166 SOCIAL SEC	ON YERRIE	17. INFORMANT	ADDS	ŒSS.		
No	2			718-14-	2899	Jean W. Rego	in same as	18	Daughte	h.
	II. CAUSE OF DEA				md (c).	1	1 10	14	APPROXI	MAN MICHAEL
10	PART I DEATH	WAS CAUSED IMMEDIAT	Control of the Contro	neun	2000	a Drone	wal 154	aloni	120	ain
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	underlying cou	ting the	DUE TO, O	R AS A CONSEQU	JENCE OF					
	- 0		(c)_	-						
z	PART OTHER	TON	ONDITION &	ONTRIBUTING TO	DEATH BET	NOT RELATED TO THE SEEN	AIN AL DISEASE OR OF	CA P	EN BART	2000
CERTIFICATION	No. DATE OF OPER	ATION	Tim coun	new	V	with the	Contra	Im	our	near
15	THE DATE OF SPEEK	ALIBRA.	TW. COND	II KUN FUR WHILL	HUPERATIO	IN WAS PERFORMED	10a AUTOPSYT	IN CERTIF	WERE FINDING CAUSES	OF DEATH?
E							YES NO NO	YE	_ beef	NO []
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143	(W.E.F.HER, NOTEY ME			M.	19					
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E	WHAT IS NOT A TW	roin	Calledone In	BHT FACTORS OFFICE	1	1	- 1-6	-1	61	State
	22n.1 certify that		olivorende di	afde bered from	chec	M 106.	2 150	er	1001	that (I) Ar) last
			/ 5 U		4/1 .	nd that in (my) (all opinion	death occurred on the s	late and hou		
	27h SIGNATURE	rdid (did o	Weight body	atter death.			THE OWN ASSESSMENT OF THE PROPERTY OF THE PARTY OF THE PA	HUET BURN	100000000000000000000000000000000000000	
	TO A	027	114	tailo	1	ATTENDING	MEDICAL STA	AFF	77L DATE	112/5
	100	1001	CN	-		PHYSICIAN	DIRECTOR PHYSI	CIAN	10/	10/0/
	714 PHYSICIAN'S	NAME INH O	MINIT			77* ADDRESS	1			
	Robert C	. Hail	2. M.D.			5100 Wiscons	in Ave. N	.w. wa	shinato	n.D.C.
33a	BURIAL CREMATION		ZIA DATE	231	NAME OF	EMETERY OR CREMATORY	736 LOCATION	17.000	- FUIS CV	
	Burial		Oct.19	1081 0	ato al	Heaven	Silver S	ntino	Mantag	mery Md.
24	FUNERAL DIRECTOR	Franci	T Co	PPins	ute of		TE REC'D. BY REGISTRAL		RAR'S SIGNAT	URE WILL
E	NAME	the Do		O : P. ADDRESS	Out to		-	1	0.	one -
20	10 Univers	ily bli	va.,w.	Silver.	sprung	, ма.	T 2 1 1981	Cares	Gen	/ arthen

DHMH - 16 50M 1/81 (VRA 15, 4)

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500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

STATE OF MARYLAND



	1	FOR - STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8	2	7211
	{TYP	CEASED NAME FIRST FOR PRINT) Jacque	lyne Har	riet	Wood	October		981 3:10 ^a M
	15	emale	Negro		13/1939 YEAR	6 AGE (IN YEARS LAST BIRTH	YRS.	DER LYEAR IF UNDER 24 HRS
the second of 17		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	MARRIE		Montgome:		DEATH MD.
1 26	В	ethesda	The Clin	cal Cen	ter, NIH	12a USUAL OCCUPATIO	WORKING LIFE) IN	b. KIND OF BUSINESS OR IDUSTRY None
in 24 ho haveled in	M	AL RESIDENCE (IF NURS III OME O STATE COU aryland	PROTHER INSTITUTION GIVE RESIDEN	DRIOWN	13d. INSIDE CITY LIMITS? YES X NO []	6513 8th	Place	
completely s I and 2 sh		Harry		aster	15. MOTHER'S MAIDEN NAI IVa	MIDDLE	Turne	r
be executed on and construction and construction or and construction of the constructi	16a \	VAS DECEASED EVER IN U.S. AF	OF HALL OR D. LEED.	al security No. - 56 – 5069	Joseph Woo	od, hus.	Same	
requires that the death certificate in signed by the attending physici. Then please remove carbon paper it a buriol, cremotion, or removal, injury, or ather troumatic event, the	NOI	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO EXTENS (b) DUE TO OR AS A CO (BONES,	IVE METAS NSEQUENCE OF BRAIN, B	ORY ARREST TATIC DISEASE REAST CARCINO NOT RELATED TO THE TERM	MA		IPART Tra
N. The law rehysician. Icate has beer ransit permit. Hygiene prior. 18 shows any ii	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO		200 AUTOPSY?	IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH? NO
OR ATTENDING PHYSICIA e hospital or attending pi DIRECTOR: Atter this certificated for use as the burial- babed for use as the burial- Dept of Health and Mental f them 21 is marked or them	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED NOT WHILE AT WORK (this has a law to the contribution of	ATH HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY.	19 OFFICE, FARM, ETC I from 8 0 c t	d that in my) (our) apinion of DEGREE ATTENDING	city or tow	ober 198	OUNTY STATE 1 (we) last
TO HOSPITAL retained by the TO FUNERAL should be detained by the State IMPORTANT; If	6	HORN	CFP		220 ADDRESS The (Institutes	Clinical Con Health	enter, Beth	National esda, Md
20) BP		URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b DATE 10-20-81		METERY OR CREMATORY	23d LOCATION		
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FI	JOHN T. Rhines	s Co., 3015 1	2th St.,N	.E.,D.C. 250. DA	CT 2 7 1981	Sh. RESTRAR'S	GIGNATURY/ATU.

House of the second of the sec

300 W.Montgomery Ave. Rockville Md. 20850

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST MIDDLE 2a. DATE OF DEATH 2b HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH gomery 126 KIND OF BUSINESS OR INDUSTRY County Board of Educ 120. USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE) 13e STREET ADDRESS 14217 Greenspan Lane Gilliam Eleanor G. Wyatt (same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IONS CONTRIBUTING TO DEATH BUT NOTABLATED TO THE PRAINT DISCASE OF CONDITION GIVEN IN PART TO 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 77s: DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 8218 Wisconsin Avenue Bethesda, MD Alexandria Fairfax Virginia Metropolitan Crematory Robert A. Pumphrey Funeral

DHMH-16 30M 2/80 (VRA 15, 4)

Chemation 24 FUNERAL DIRECTOR

- STATE

TYPE OR PRINTS

REGISTRAR

DECEASED NAME

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1	1	FOR STATE REGISTRAR			DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	rgiene 8	2 7	21
1 (M)	(TYF	CEASED NAME E OR PRINT)	Bok	Keum T	Park 1	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR 5
	3 SE	female	4 RAC	i bre an	MON		6 AGE (IN YEARS LAST BIR	MONTHS	ER I YEAR IF UNDER 24
A State of the sta	7a 8	IRTHPLACE (STATE OR FO COUNTRY) Korea		ZEN OF WHAT CO	DUNTRY? 8 MARRI	ED NEVER MARRIED	9 BALTIMORE CITY C	PRS. COUNTY OF DE	EATH
by the fulled with	10 0	Be Mesde			, NURSING HOME	tus potal	12a. USUAL OCCUPAT {TYPE OF WORK FOR MOST O housew	DE WORKING LIFE) IN	home
y filled in should be	Vi Vi	AL RESIDENCE (IF NURS STATE rginia	NG HOME OR OTHER IN 194 COUNTY Henrico	13c CITY	ence before admission OR TOWN nmond	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 6401 Clau		
completely 1 and 2 s	14. F	ATHER'S NAME FIRST	nknown		LAST	15. MOTHER'S MAIDEN N	unknown		LAST
be execu		WAS DECEASED EVER P YES, NO OR UNKNOWN)	N U.S. ARMED FO	P DATES)	-19-0039	Mu Yi sam	e as 13e	SS	
equires that the death cer in signed by the ottending Then please remove carbo r to buriol, cremation, or re injury, or other troumotic e	NOI	Canditions, if ony, gave rise to imm couse (a), stating underlying cause	which ediote the last.	UE TO, OR AS A CO	ONSEQUENCE OF	Xiver Gyartes I NOT RELATED TO THE TER	Carcino Cac G	exia	PART Ìra
The law ricion. te has bee sist permit. giene prio	CERTIFICATION	19g DATE OF OPERAT	ION 191	CONDITION FOR	R WHICH OPERATIO	DN WAS PERFORMED	20a AUTOPSY? YES □ NO 🛣	20b. IF YES, WER IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH
HYSICIAN: ading physicians certification buriel-tron Mental Hy or Item 18	MEDICAL CE	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEATH ALEXAMINER) ED 216	D. TIME OF INJURY OUR A.M. MON P.M. PLACE OF INJUR	19 Y	21f. LOCATION	RRED (ENTER NATURE OF INJU		
by the hospital or out by the hospital or out ERAL DIRECTOR. After e detoched for use as the State Dept. of Heolth or ANT: if them 21 is marken	W	WHILE NOT WHILE AT WORK 27a I certify that (I) (sow the decesse abave, (I) (We) (di 17h SIGNATURE	this haspital) of the distribution of the dist	-	ed from 7	ATTENDING THE ADDRESS	1 Minical State	19, 19 ate and hour and f	that (I) (we ram the causes state
TO FUN should b with the	230	BURIAL, CREMATION, R		C. /		LEMETERY OR CREMATORY WIN Memorial	CITY OR TOWN	vic <i>Qd</i>	Baith
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	UNERAL DIRECTORYS	on Whee	ler Fune	eral Home	Inc. 25a D	OCT DOBY REGISTRAR		

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86	1	FOR ,	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 7 2 2						
		REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR			
185	(TYPE	Raym'		Zwemer		5 81 1:30AM			
£ (M)	3 SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS			
		MALE	CAUCASION	3-30- 1902	79 _{YRS.}				
1	C	RTHPLACE (STATE OR FOREIGN OUNTRY) Arabia	75 CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		OF DEATH MD.			
o other of the full of the ful		ITY OR TOWN OF DEATH Lney		ING HOME OR OTHER INSTITUTION ET ADDRESS) Hospital	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Professor	12b. KIND OF BUSINESS OR INDUSTRY Medical School			
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours spers. Poges 1 and 2 should be the vol. ty, the medical examiner must be the	13a S	AL RESIDENCE (IF NURSING HOME C STATE 13b COU MON		WN 13d. INSIDE CITY LIMITS?	3600 Woods Way				
RYLA rithin 2 sho 2 sho	14. FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		1241			
MAR ted w			M. Zwemer	Amy E. W	XXXX W	ilkes			
MORE,			RMED FORCES? 166 SOCIAL SEG		ADDRESS	#12)			
ALTIM e be e cion o ers. Po f.		No			Zwemer (spouse) Sa	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PRESTON ST., the death certific the ottending ph remove carbonp remotion, or remo		Conditions, if any, which gave rise to immediate cause ia), stating the	poly one couse per line for (o), (b), (c) BY ATE CAUSE (o) DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO		tate Canelle	S STATE OF THE STA			
201 es thi ned b prico uriol,	NOIL	malignant	melanoma	DEATH BUT NOT RELATED TO THE TER	die Corone	my art. dis			
L RECC	CERTIFICATION	190 DATE OF PERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?			
N OF VITA SICIAN: Th ng physicio certificate prod-tronsit entol-tronsit tentol Hygie item 18 sho		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2)			
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r ottending physicion. Wher this certificate has been sign os the burnot-tronsit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TOWN	COUNTY STATE			
DI TENDIN pitol or of COR: Aft or use os of Health		22a.1 certify that (I) (this hosp	n 19 of 1) view the body after death.	8/, and that in (my) (gur opinion	9, to 0 5	19, that (1) Jump last r and from the causes stoted			
ITAL OR AT by the hosp by the hosp RRAL DIREC. I detoched for store Dept. or If them 3.		22/ AIGNATURE Aihlten	In Chur	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	10/5/8/			
O HOSPITAL retained by this form of the Store Retained be deto with the Store MMORTANT: If		22d, PHYSICIAN'S NAME (TYPE							
3253	(Burial, cremation, remova specify) REMOVAL	10-5-81	. NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE			
DHMH - 16 60M 1/75	110	UNERAL DIRECTOR	ADDRESS		TE REC'D, BY REGISTRAR 251 REGIST	AR'S SIGN TUN			
(VR A 15 (4))		Anatomy Board o	ot Maryland	Baltimore, Md. 00	9 1981	U			

